



Prescription Shopping Information Service Access Registration Form

Dr	Given name:	Surname:
Practice Address:		
Town/Suburb:	State:	Postcode:
Provider number:		Prescriber Number:
Telephone:	Mobile phone:	Facsimile:
Email:		

ACKNOWLEDGEMENT

I have read all the information contained in this access registration form and acknowledge that:

Under the Prescription Shopping Project, HIC is (in limited circumstances) authorised to disclose to me specific information it holds about PBS medicines obtained by my patients.

HIC cannot disclose any PBS information to me about a person unless that person is my patient.

There are limitations to the information that HIC can disclose to me under the Prescription Shopping Project. These are outlined on page 2 of this registration form.

Any information disclosed to me by HIC under the Prescription Shopping Project may not represent a complete or accurate picture of my patient's medicine supply record.

Any information disclosed to me by HIC under the Prescription Shopping Project is disclosed for the sole purpose of assisting me to make clinical decisions about the medicine needs of my patients, and must not be used for any other purpose.

There may be patients obtaining PBS medicine in excess of therapeutic need who are not captured under the criteria.

I must not disclose my access number to any other person.

I must comply with the National Privacy Principles set out in Schedule 3 to the *Privacy Act 1988* in collecting, using, disclosing, or otherwise dealing with any information disclosed to me by HIC under the Prescription Shopping Information Service.

Signature:

Date:

**Please fax to:
(02) 6233 0155**

**OR please send to:
HIC
Prescription Shopping Project
PO Box 1001
Tuggeranong DC ACT 2901**

Following receipt of this form HIC will provide you with your Prescription Shopping Information Service access number by fax within 2 business days. Alternatively, your access number will be sent by mail if you do not supply your fax number.

IMPORTANT INFORMATION

The information disclosed to a prescriber will be limited to:

- PBS information relating to a patient who has been identified under the Prescription Shopping Project criteria. Information about patients who do not meet the criteria can not be disclosed.
- PBS items supplied to an identified patient within the most current three month period.
- The total number of doctors who prescribed to the identified patient for the period. Detail of the name or practice of the doctor will not be disclosed.
- The PBS item description (e.g. diazepam tablet 5 mg) and the number of times the item was supplied in that period. For example, if over the period the patient obtained 10 supplies of diazepam 5mg of 50 tablets, quantity supplied is 10.

HIC's PBS records do not include the following:

- PBS items that have been supplied to the patient but have yet to be claimed by the pharmacist and processed by the HIC. There is a lag time between when an item is prescribed, the item is supplied to the patient, the pharmacist submits the claim to HIC and HIC processes the claim. It is only when this process is complete that a PBS medicine can be included in the patient PBS record. The HIC does not have control over this lag and therefore a 4 to 6 week lag is not uncommon.
- PBS items that cost less than the patient co-payment.
- Medicines available for purchase over-the-counter (non-prescription).
- Prescription medicines that have not qualified for a pharmaceutical benefit, for example, non-PBS medicines.
- Medicines supplied but rejected for payment by the HIC.
- PBS medicines supplied by approved suppliers using Emergency Medicare numbers (as no Medicare number identifying the patient is available).
- Samples provided to the patient.
- Doctor's bag medicines supplied to the patient.
- Medicine subsidised under the RPBS or any patient who is a DVA beneficiary.

Therefore, there may be patients obtaining medicine in excess of therapeutic need who are not identified under the Prescription Shopping Information Service.

When you contact the Service you will need to provide:

- Your Prescription Shopping Information Service Access number;
- Your full name;
- Your date of birth;
- Patient Medicare number;
- Patient date of birth;
- Patient full name.

To ensure security features of the Information Service, the above access requirements may vary from time to time.

Privacy Note: The information provided on this form will be used to register the applicant to receive information from the Prescription Shopping Information service. The information will be verified against information HIC already holds and will not normally be disclosed to a third party unless the disclosure is authorised or required by or under law.