Pharmacy Agreement

(for the supply of Medication to a Patient/Participant)

**Parties to this Agreement:**

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| **Pharmacy** |
| **Name of Pharmacy** |  |
| **Pharmacist** |  |
| **Pharmacist Provider Number** |  | **ABN** |  |
| **Address** |  |
| **Phone** |  |
| **House Operator** |
| **Name** |  | **ABN** |  |
| **Address** |  |
| **Contact Person** |  | **Phone** |  |
| **Patient** |
| **Name** |  | **Medicare Number** |  |
| **Medicare Expiry Date** |  | **Pension Card Number** |  |
| **Address** |  |
| **Phone** |  |
| **Patient Representative** |
| **Name** |  | **Phone** |  |

1. **Background:**

The House Operator provides supported independent living disability support services to the Patient. This Pharmacy Agreement is made to support correct administration of medication to the Patient.

1. **Terms of Agreement:**
2. The Pharmacy agrees to provide the following services to the House Operator for the purposes of ensuring correct administration of medication to the Patient:
* For any regular non-PRN and non-regular PRN medications taken by the Patient, preparation of the 7-day Webster pack or sachet must be appropriately labelled with the name and current photo identification of the Patient, days of the week (e.g. starting on Monday), the required dosage and times of administration and instructions for administering the medication.
* Medications not able to be dispensed into a Webster pack or sachet (for example, creams and lotions) will be labelled with clear directions for use so that House Operator staff administering will be able to understand and administer medication correctly.
* All preparations will be confirmed for accuracy by a registered Pharmacist.
* When medications are dispensed in Webster packs, the packs must be provided using the Webster pack national colour coding system as follows:
	+ **Blue** is the supported person’s regular weekly medication multi dose pack
	+ **Green** is for antibiotics – single dose pack
	+ White is for PRN – single dose pack
	+ **Pink** is for medication to be taken before food – multi dose pack
	+ **Yellow** is for a non-standard pack for example, 14 day or 28 day
	+ Mustard is for Warfarin
	+ **Orange** is for special precautions medication
	+ **Black** is for visually impaired
* The Pharmacy will charge the Patient $[TBC] per pack and for repacking for new medication or changes unless because of Pharmacy error. The Pharmacy may amend its prices with prior notice to the House Operator. The Patient who is Medicare disability concession card holder will be charged in accordance to the current Medicare Pharmaceutical Benefit Scheme (PBS)schedule.
* The Pharmacy will provide relevant advice relating to the medication, interactions, side effects, allergic reactions and medications that can/cannot be crushed, chewed or dissolved.
* The Pharmacy agrees not to misuse any confidential information arising as a result of this Agreement (e.g. disclosure to third parties).
1. The House Operator and the Patient (or their Patient Representative) agree to:
* Provide all relevant information prior to the dispensing of medication by the Pharmacy. This includes a copy of any medication chart signed by the doctor for regular or long-term medications, or prescription/s made and signed by the doctor, and including any other medical information / instructions provided by the doctor (must be provided in writing, on letterhead and signed by the doctor for veracity).
* Not misuse any Confidential Information arising as a result of this Agreement (e.g. disclosure to third parties).
1. The Patient (or their Representative) agrees to ensure prompt payment for the above services provided by the Pharmacy.
2. **Termination of this Agreement**
3. Either Party may terminate this Agreement by providing at least 30 days’ notice to the other Party or, if the pharmacy or its employed/owner registered pharmacist/s are de-registered from the Pharmacy Board of Australia, the agreement is taken to be terminated immediately.
4. Upon termination of this, the House Operator and Patient (or their Patient Representative) agree to ensure prompt payment of any outstanding amounts owing to the Pharmacy and the return of any equipment borrowed or loaned from the Pharmacy.
5. **Duration of this Agreement**
6. This Agreement is valid for 12 months from the date of all Parties signing and must be updated every 12 months.

**Signatures**

Pharmacy

Name: Signature:

Date:

House Operator

Name: Signature:

Date:

Patient / Representative

Name: Signature:

Date: