

Medicinal Cannabis Program - Patient Consent Form

PharmaPrograms invites you to participate in the Medicinal Cannabis Program (MCP), which offers a free patient support program that will assist patients prescribed Medicinal Cannabis.

If you consent to participation, this will facilitate an efficient process for the prescribing, ordering and re-ordering, and dispensing of Medicinal Cannabis. Your consent will assist health professionals to comply with the rigorous regulatory requirements involved with these medicines and to provide you with relevant information. Information on the prescribing and dispensing of the medicinal cannabis can only be shared with your specific prescriber of the medicinal cannabis as well as the specific dispensing pharmacy of the medicinal cannabis.

By agreeing to participate, you also consent to the collection, retention, use, transfer and disclosure of your personal and other information as set out in the Privacy Policy which is located at www.pharmaprograms.com.au/privacy-policy. You are entitled to request access to, or correction of, information held about you, or complain about a breach of the Australian Privacy Principles by contacting the Privacy Officer as set out in the Privacy Policy.

Information provided to PharmaPrograms by you, your caregivers, or your treating healthcare professionals, will be used by PharmaPrograms to deliver the program to support your treatment by your healthcare professional. Furthermore, such information may be handled by a commissioned third party for analysis and program improvement, however no identifiable personal information will be disclosed. You may be contacted by PharmaPrograms via the phone number or email address you provide in order to facilitate the program. You may cancel your participation at any time by contacting PharmaPrograms at mcp@pharmaprograms.com.au.

In the case of an adverse event being reported while you are registered as a participant in the MCP, PharmaPrograms may share your information with the manufacturer of the Medicinal Cannabis product. PharmaPrograms, or an authorised third party, may contact you for the purpose of follow-up. PharmaPrograms is legally obliged to pass on to the manufacturer details of any adverse events related to their products that we become aware of. If you do not consent for your identifiable information to be used, partially de-identified data, such as your initials, will be used instead.

Your continued participation in the MCP, or any programs or services we offer as a result of participation in the portal, is also subject to the terms and conditions set out in the MCP Terms of Use which can be found at: www.pharmaprograms.com.au/terms-of-use.

To the extent that you are permitted to access and use the MCP, this is limited to personal, non-commercial use. You must not allow anyone else to obtain access or use the MCP and must keep any access codes and passwords confidential. You may not copy, reproduce, republish, post, distribute, transmit or modify in any way all or any part of the website or portal.

The patient participation to the MCP could imply receiving reminder communications to ensure your medication compliance and/or adherence. In this event, you will always have the option of opting out of this reminder service at any time.

Patient Consent – to be completed by the patient/guardian

I confirm that I have discussed the following with my healthcare professional and understand:

- That the product proposed for treatment requires the relevant approvals by the relevant authorities in Australia and (potentially) other countries
- The possible benefits of treatment and any risks and side effects that are known
- The possibility of unknown risks and late side effects
- Whether or not there are alternative treatments using approved products.

I also consent for my details to be stored by PharmaPrograms for the Administration of the Medicinal Cannabis Program.

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| Name: | Address: |
| Patient Name (if different): | |
| Date of Birth: | Phone: |
| Email: | Patient/Guardian Signature: |
| For your treating Healthcare Professional: please retain a copy of the signed consent form for your records, and record on the MCP that consent has been received. | Date: |