

Consent Form

This is a Nova Scotia Community Pharmacist-led Primary Care Clinic. This clinic is part of a study being conducted jointly by the Nova Scotia Department of Health and Wellness, Nova Scotia Health, and the Pharmacy Association of Nova Scotia. Please review this consent form and discuss any questions you have about the clinic with your pharmacist. This form may contain words or information that you do not understand. Please ask your pharmacist to explain anything that is unclear to you.

What can I expect?

At your appointment, the service you receive will vary based on your primary reason for your visit. The pharmacist may:

- Discuss current signs and symptoms
- Review your medical history, medication list, recent lab values, risk factors
- Measure your blood pressure or blood sugars if needed. Perform Point of care testing (POCT) if deemed appropriate such as Strep A Testing, Lipid Panel Testing and/or HbA1c Testing
- Order laboratory blood work to be conducted at a later date
- Determine/confirm a possible diagnosis based on this assessment
- Give immunizations if required
- Create a treatment plan including both pharmacological and non-pharmacological interventions
- Prescribe new medications, renew current medications, modify current treatment regime
- Schedule follow-up visit(s) to assess symptom/disease control and adjust medications if required
- Determine that care required is out of the scope of the pharmacist, are refer to another provider

If your treatment plan includes prescribing, modifying/adjusting dosages for medications, your pharmacist will notify your primary care provider of anything that is prescribed for you and where appropriate, the pharmacist and your primary care provider may exchange communication by fax, secure web-based portal, phone, or e-mail about any relevant medication or care you are receiving. If your service includes the pharmacist ordering a test or conducting a point of care test, the pharmacist will communicate any out-of-range or abnormal results, the treatment plan and follow-up plan to your other primary care provider(s) as required by the Nova Scotia College of Pharmacists Testing Standards of Practice.

In addition, to the details provided in this form, each pharmacy participating will have available the privacy policy outlining the collection, use and disclosure of information that is specific to their organization.

How much will this cost?

You will not be required to pay for the cost of clinic visits with your pharmacist. One exception is injection fees for vaccines that are not covered by public health. The other exception is that Pharmacare patients that are eligible for Basic or Advanced medication reviews may have a copay. If you require prescription medications to help manage your condition and you have a drug plan with direct billing, your pharmacist will bill your plan. For your medications, you will be responsible for any portion not covered by your insurer or, if you do not have drug coverage, the full cost of the products prescribed.

What information will you collect from me?

If you decide to participate in this clinic, you will be asked to provide your name, address, date of birth, Primary care provider (if applicable), allergies, MSI health card number, drug plan information as well as health-related information to your pharmacist.

Since this Community Pharmacy Primary Care Clinic is a part of a demonstration project for selected pharmacies, certain information will be gathered to evaluate the impact of the clinic to the health care system, the patient and the pharmacy. For the purposes of study data collection, your personal identity will be kept private (your name, address, phone number, birthdate) and instead a random number will be assigned to your file. This number will be used for research purposes and any current/future assessment, intervention, treatment, or follow-up service received at the clinic.

After receiving a service at the clinic, you may be asked to complete a short survey about your experience. The survey will be optional. You will not be asked to provide your name or other identifying details at this time. You may opt to provide your email address for further feedback at a later date.

What will we do with the information we collect?

The information you provide to the pharmacy will be used to deliver assessment and prescribing services, medication management, and counselling tailored to your specific condition(s) and needs as well as billing the Department of Health and Wellness for your health service and billing your drug plan (if applicable). The de-identified information will be used by the study's clinical researcher to help evaluate outcomes and results of the program across the entire study group.

How will you keep my personal health information private?

Any personal health information that you provide, and any information about your visits or the products prescribed to you are subject to the rules set out in Nova Scotia's *Personal Health Information Act (PHIA)* and will be treated as confidential in accordance with the legislation.

Your first and last name and other identifying information will be used by your pharmacy team only and will not be associated with any of the other information collected for study purposes. The rest of your data will be housed in the pharmacy management software system and the electronic medical record used to order lab tests. Your pharmacy team will ensure all information is kept private and confidential. PANS has hired an independent research company, Research Power Inc. De-identified information will be provided to the researcher(s) for the purposes of evaluating the program.

Consent to Participate in the Community Pharmacy Primary Care Clinic™

In signing below, I agree that I am consenting to participate in the Community Pharmacy Primary Care Clinic™ and I understand and acknowledge that,

- I have reviewed this consent form and have discussed my participation in this clinic with my pharmacist. I am satisfied with the answers to any questions I have asked about this clinic.
- My participation with this clinic is voluntary and I can choose to stop attending appointments at any point and there will be no impact on my future care.
- My participation with this clinic does not prevent me from accessing other healthcare services that I or my primary health care provider deems are necessary.
- My consent applies to this visit and any subsequent visits to this clinic. I understand that I can ask questions about my participation at any time and can revoke this consent at any time. I understand that pharmacists are required to retain patient care records as per Nova Scotia College of Pharmacists Regulations.
- There are no known risks to being involved in this clinic.
- I agree to the collection, use and disclosure of my personal health information for the purposes described above.

X _____
Patient Signature
Date _____

X _____
Pharmacist/Assistant Signature
Date _____