

# Notification of release from prison of a patient treated with methadone or buprenorphine for opioid dependence

(Please print **legibly** in block letters and provide all information)



## NOTIFIER DETAILS

SURNAME (FAMILY NAME)	FIRST NAME	
PRISON NAME		
SUBURB/TOWN	POSTCODE	
QUALIFICATIONS	TELEPHONE	FAX
EMAIL ADDRESS		

I notify that the following patient has been treated with methadone or buprenorphine for opioid dependence and has now been released from prison.

**Signature:**..... **Date:**.....

## PATIENT DETAILS

SURNAME (FAMILY NAME)	FIRST NAME			
POST-RELEASE ADDRESS (IF KNOWN)				
SUBURB/TOWN	POSTCODE			
DATE OF BIRTH (DAY/MONTH/YEAR)	SEX	MALE <input type="radio"/>	FEMALE <input type="radio"/>	DPR NUMBER (IF KNOWN)

## TREATMENT HISTORY WHILE IN PRISON

WHERE WAS THE LAST DOSE ADMINISTERED (IF DIFFERENT TO ABOVE)?	TELEPHONE	
WHAT DRUG WAS LAST ADMINISTERED?	WHAT WAS THE LAST DOSE (mg)?	DATE OF LAST DOSE ADMINISTERED:
METHADONE <input type="radio"/>		
BUPRENORPHINE <input type="radio"/>		

## POST-RELEASE ARRANGEMENTS

HAVE ARRANGEMENTS BEEN MADE FOR TREATMENT POST-RELEASE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF PRACTITIONER:		
SUBURB/TOWN	TELEPHONE	
NAME OF COMMUNITY PHARMACY:		
SUBURB/TOWN	TELEPHONE	

IF A PRESCRIPTION HAS BEEN WRITTEN FOR THE PATIENT FOR METHADONE OR BUPRENORPHINE BY A PRISON MEDICAL OFFICER TO TREAT FOR A PERIOD POST-RELEASE, PLEASE PROVIDE DETAILS OF THAT PRESCRIPTION.

WHAT WAS THE DRUG PRESCRIBED?	DOSE PRESCRIBED (mg)?	NO. OF DAYS TREATMENT PROVIDED (PLEASE CIRCLE):
METHADONE <input type="radio"/>		1 2 3 4 5 6 7
BUPRENORPHINE <input type="radio"/>		

NOTE: A PRISON MEDICAL OFFICER IS AUTHORISED TO PRESCRIBE UP TO 7 DAYS TREATMENT WITHOUT THE NEED TO OBTAIN A PERMIT. A PERMIT MUST BE OBTAINED IF THE TREATMENT IS TO EXCEED 7 DAYS.

**MEDICINES AND POISONS REGULATION**  
email: [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au) fax: 1300 360 830



## PRIVACY COLLECTION NOTICE

By completing this form, you acknowledge that you are providing the personal and health information as required under the *Drugs, Poisons and Controlled Substances Act 1981 (the Act)* to the Department of Health, Victoria (**the Department**) for the purpose of applying to, or notifying, the Department in relation to a Schedule 8 treatment permit.

The information is handled by the Department in accordance with the requirements of the Act, *Drugs, Poisons and Controlled Substances Regulations 2017 (Vic)*, *Privacy and Data Protection Act 2014 (Vic)*, *Health Records Act 2001 (Vic)* and the Department's [privacy policy](#).

The information collected by the Department:

- will be used and disclosed for the purposes of assessing the permit application or meeting notification requirements;
- will be used and disclosed for monitoring and compliance purposes;
- may be disclosed to other relevant health practitioners when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs; and
- may be disclosed for any other purposes permitted by law including but not limited to reporting or investigation of suspected unlawful activity to:
  - regulatory and law enforcement agencies in the Commonwealth, States and Territories; and
  - Ahpra.

By submitting this form, health practitioners confirm that the patient:

- is aware of the contents of this collection notice; and
- has consented to the form being submitted.

If you do not provide all the required information, the notification may not be processed.

For further information about Victorian Drugs and Poisons legislation, please visit the Medicines and Poisons Regulation website at [www.health.vic.gov.au/dpcs](http://www.health.vic.gov.au/dpcs).

For further information on privacy and how to access and seek correction of personal information about you held by the Department, visit [www.health.vic.gov.au/privacy](http://www.health.vic.gov.au/privacy).