# Drug Information System Access Form

**Background** A Drug Information System (DIS) Access Form must be signed by each person in order to receive access to the DIS. The signed form will signify that the person has read, understood and will abide by the policies relating to the use of any part of the DIS.

Any violation of the spirit or intent of these policies/procedures/protocols may lead to loss of privileges, disciplinary action up to and including termination and/or legal action.

| General User Information: (*Fields Are Mandatory) Please Print | | | |
|---|---|---|---|
| **Are you a PEI resident with a valid PEI Personal Health Number?** | | | |
| ☐ **Yes. Please proceed with application.** | | | |
| ☐ **No. Please contact Pharmacare (DIS Coordinator) for further guidance: 902-368-4947.** | | | |
| **First Name:*** | | **Phone:*** | |
| **Last Name:*** | | **Date Of Birth:*** <br> mm/dd/yyyy | |
| **Middle Initial:*** | | **Fax:** | |
| **Credentials:*** | | **Facility:*** | |
| **Position:*** | | **Network Username:*** | |
| **Email:*** | | | |

**Provide or verify one of the following*** (please select one):

  a) A health care provider who requires access to the DIS to provide health care at a health care facility. Profession's college registration number: _____

  b) A person employed at a health care facility to provide administrative support to a health care provider.
- Health care provider's name: _____
- Health care provider's profession's college registration number: _____
- Health care provider's signature: _____
- Date: _____

  c) ☐ An employee of the Department of Health and Wellness who is responsible for the administration of a provincial drug benefit plan. Request must be submitted by drug benefit plan manager.

| Date DIS Access is required: | |
|---|---|

| Purpose for Access*: |
|---|
| ☐ I request DIS standard access for the purpose of providing health care to individuals. This standard access provides personal health information related to drugs dispensed at a Prince Edward Island community pharmacy. |
| ☐ I request DIS expanded access for the purpose of providing health care to individuals. In addition to the information available through the standard access, the expanded access provides personal Pharmacare health information related to individuals registration in select Drug Programs and Special Authorization status. |

**Acknowledgment**

I acknowledge that I have read and understand the policies, legislation and regulations governing access to the DIS. I understand that I must never share my DIS password with anyone. If I suspect that my password is known to others, I will change it immediately. I understand that regular audits of the DIS system shall be conducted to ensure patient/client confidentiality is maintained. I understand that I am responsible and accountable if my name is associated with a patient when an audit is done.

**Employee Signature:**                **Date:**

**Authorized by (Supervisor):** _____

**Signature:** _____

**Request Date:** _____ **Phone Number:** _____

**Once completed please fax to ICS/DIS System Administrator: (902) 368-4716**

**Internal Pharmacare use for internal applicant validation for those without a valid PEI PHN (not applicable to community pharmacists).**
1. If applicant is or going to become a PEI resident they must apply to Medicare or renew their Health Card. Once the Medicare application is processed and PHN generated, ITSS can complete the DIS access set-up upon submission of completed form.
2. If the applicant is not going to become a PEI resident, a letter from the applicant's professional PEI College and employer (confirming the applicant's name, registration number, registration class, date of birth and, if known, length of employment term) is required. DIS access should be limited to duration of employment term.