



DRUG INFORMATION SYSTEM (DIS) ACCESS PHARMACIST APPLICATION		
<p>Personal information on this form is collected under the <i>Health Information Act</i> and Regulations. This information is required in order to process your application to access the DIS.</p>		
Surname:	First Name:	Middle Initials:
Date of Birth (DD/MM/YY)	P.E.I. College of Pharmacists License Number:	
Primary Employer:	Date Licensed in P.E.I. (DD/MM/YY)	
Home Address Street: Address line 2: City: Postal Code: Province:		Personal Phone Number (including area code):
Work Address Street: Address line 2: City: Postal Code: Province:		Work Phone Number (including area code):
<p>I will not access or use any clinical or patient information in the DIS for any purpose other than those authorized by the <i>Health Information Act</i> and Regulations.</p>		
<p>I agree at all times to treat as confidential the information in the DIS and will not participate in or permit the unauthorized release or disclosure of this information.</p>		
<p>I agree to adhere to legislation, policies, procedures, and standards issued by the <i>Health Information Act</i> related to the confidentiality, privacy and security of DIS information.</p>		
<p>I understand that the penalty upon conviction for any violation of the <i>Health Information Act</i> or Regulations for an individual is a fine of not more than \$15,000 or a term of imprisonment of not more than six months or both.</p>		
Pharmacist Signature:	Date:	

May 2022/AM

https://www.princeedwardisland.ca/sites/default/files/legislation/h-01-41-health_information_act.pdf

SEND COMPLETED AND SIGNED APPLICATION TO:

PEI Pharmacare
P.O. Box 2000
Charlottetown, PE C1A 7N8
Fax: (902) 368-4905
Email: drugprograms@gov.pe.ca