

## DRUG INFORMATION SYSTEM (DIS) ACCESS PHARMACIST APPLICATION

Personal information on this form is collected under the *Health Information Act* and Regulations. This information is required in order to process your application to access the DIS.

Surname:		First Name:		Initials:									
Date of Birth (day / month / year):		P.E.I. Personal Health Number:		Sex: Male Female									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
P.E.I. College of Pharmacy License Number:		Date Licensed in P.E.I. (day / month / year):											
Home Address	City or Town		Postal Code		Phone Number								
Work Address	City or Town		Postal Code		Phone Number								
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.													
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.													
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.													
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.													
Pharmacist Signature:				Date:									

SEND COMPLETED AND SIGNED APPLICATION TO:

**PEI Pharmacare**  
**P.O. Box 2000**  
**Charlottetown, PE C1A 7N8**  
**Fax: (902) 368-4905**