



# NSPMP & e-ACCESS REGISTRATION FORM: PHARMACIST REGISTRATION FORM

Website: [www.nspmp.ca](http://www.nspmp.ca)  
Phone: 902-496-7123/1-877-476-7767  
Fax: 902-481-3157 M-F: 8am – 5pm

## SECTION A: CONTACT INFORMATION

**Name:**  First Name  
 Middle Name  
 Last Name

**Date of Birth:**  YYYY-MM-DD      **Gender**  M  F

**Store Name 1:**

**Store Name 2:**

## MAILING ADDRESS (CORRESPONDENCE WILL BE SENT TO THIS ADDRESS):

**Address Line 1:**

**Address Line 2:**

**City/Town:**

**Province:**       **Postal Code**

**Contact Telephone:**

**Fax Number:**

**Email for eAccess:**

## SECTION B: EDUCATION AND LICENSING INFORMATION

### ORIGINAL DEGREE

**Granting University:**

**Country:**       **Graduation Year:**

**Provincial License Number:**

## SECTION C: AUTHORIZATION & APPLICATION CHECKLIST

The PMP Regulations require that the above information be collected. Incomplete forms will not be processed.

- I certify that I am in good standing with my provincial licensing body and the information provided on this application is accurate
- I have read, understood and agreed to the terms for *Confidentiality and Acceptable Use* for NSPMP's e-Access portal (see page 2)

**Signature:**       **Application Date:**  YYYY-MM-DD



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## USE e-ACCESS TO REVIEW MEDICATION HISTORIES PRIOR TO DISPENSING

- NSPMP Pharmacists are encouraged to use e-Access to review patient profiles prior to dispensing.
- An e-Access account will be provided to all pharmacists at the time of Program Registration.
- e-Access offers 24-hour access to patient prescription histories via a simple online login tool (no additional software or configuration required).
- As part of the e-Access registration process, pharmacists will receive two emails (with a user ID and temporary password) from a system administrator at Medavie Blue Cross.
- The link to the e-Access portal can be found on the NSPMP website: [NSPMP.ca](http://NSPMP.ca)
- Password resets are fast and easy. Call 1-877-476-7767 between 8am and 8pm (AST) Monday-Friday.

## PART A: CONFIDENTIALITY AND ACCEPTABLE USE FOR e-ACCESS

1. I understand that it is my duty to adhere to the provisions of the Nova Scotia Prescription Monitoring Program's (NSPMP) policies and procedures, and agree to same.
2. I understand that all personal health information to which I have access is confidential, and is not to be discussed with or communicated to anyone who is not authorized to know the information in any manner, except as in accordance with the NSPMP's policies and procedures regarding same.
3. I will not access nor use personal health information except as it is necessary to perform my duties and/or as I am authorized to do so by the NSPMP.
4. I will not disclose personal health information to any unauthorized person, allow any unauthorized person to access personal health information, nor discuss personal information with, or in the presence of, any unauthorized person.
5. I will immediately report any breaches of privacy and/or confidentiality to the NSPMP.
6. I understand that it is my responsibility to secure information to which I have access in accordance with the policies and procedures of the NSPMP governing the security of information.
7. I understand that if I have questions or concerns respecting access, disclosure or use of personal health information, I am responsible for addressing those questions or concerns with the NSPMP.
8. Should I inadvertently breach any of the provisions of the NSPMP's policies regarding the access, disclosure or use of personal health information, or cause a security breach which could lead to improper disclosure of information held by the NSPMP or improper access by others to information held by the NSPMP, I understand that a record of this breach will be maintained by the NSPMP and that I may be required to undertake additional privacy and security education.
9. Should I wilfully breach any of the provisions of the NSPMP's policies respecting the access, disclosure or use of personal information or cause a security breach which could lead to improper disclosure of information held by the NSPMP or improper access by others to information held by the NSPMP, I understand that I may have access revoked and/or face disciplinary action with my licensing authority.

## PART B: e-ACCESS PASSWORD MANAGEMENT

10. I agree to keep my password absolutely confidential; it is for my use alone. I will not share my password.
11. If I suspect that someone else knows my password I must notify the NSPMP at 902-496-7123, or toll free at 1-877-476-7767 immediately.
12. I am responsible for any and all uses of the e-Access secure website associated with my password.

## Part C: e-ACCESS AUTHORIZATION & WITNESS

**Pharmacist Name:**   
(please print)

**Witness Name:**   
(please print)

**Pharmacist Signature:**

**Witness Signature:**

**Date of Application:**   
YYYY-MM-DD

**Date of Witness:**   
YYYY-MM-DD