



The following Organization/Clinic requests access to the *Nova Scotia Drug Information System (DIS)*, a component of Nova Scotia's Electronic Health Record system known as *SHARE*. The information included in this request is for the purpose of initiating the access process.

Fax the completed form to **1-902-407-3020**.

Organization/Clinic Information	Check One: New DIS Clinic <input type="radio"/>	Existing DIS Clinic* <input type="radio"/>
Organization Name (Legal Name – as recorded within the Registry of Joint Stock)		
Clinic Name (If different from above)		
Clinic Civic Address		
Clinic Mailing Address		

***Changes to Organization/Clinic Information:** if you have already completed the process to access the Drug Information System and there has been a change to your Organization/Clinic Information, check this circle and input **only the new/changed information** where applicable.

Clinic access to the SHARE Clinical Portal:
Does your clinic currently have access to the SHARE Clinical Portal? Yes_____ No_____
The Organization/Clinic is requesting DIS access through:
<i>The DIS can be accessed through the DIS Portal (Prescribers**/RNs) and the SHARE Clinical Portal (Other Clinicians & Administrative Staff). Please select all that apply and include the number of users.</i>
DIS Portal (Prescribers/RNs): Number of Prescribers** _____ Number of RNs _____
SHARE Clinical Portal (Clinicians & Admin Staff): Number of Clinicians _____
Number of Admin Staff _____

****Prescribers include:** Physicians, Nurse Practitioners, Dentists, Optometrists, Pharmacists, Midwives, and Dental Hygienists. **[Note:** Select Registered Nurses (RN) may also be granted access to the DIS portal - an organization/clinic would request this access only if an RN is required to add or update information in patient medication profiles. RNs will not have the ability to e-Prescribe through the DIS Portal.]

The Organization/Clinic is: (select one)		
<input type="radio"/> Registered with the Registry of Joint Stocks	<input type="radio"/> Incorporated through legislation	<input type="radio"/> A solo practitioner operating under his/her own name



Organization/Clinic's (Site) Sponsor Information <i>The Site Sponsor is the person who has the legal authority to hold a healthcare professional/staff person working at the site accountable in the event of a privacy breach. The Site Sponsor will be the person who signs the legal agreement with the Department of Health and Wellness and the User Access Request forms for the site.</i>	
Salutation	Dr. ___ Mr. ___ Mrs. ___ Ms. ___
Sponsor Name	
Title/Position	
Sponsor Contact Number (s)	
Sponsor Email Address	
Organization/Clinic's (Site) Privacy Officer Information <i>The Organization/Clinic Privacy Officer is the person responsible for privacy and security of personal health information within the organization. This may be the Organization/Clinic Sponsor.</i>	
Name	
Phone Number	
Fax Number	
Email Address	
Organization/Clinic's Primary Administrative Contact Information <i>The Organization/Clinic Primary Administrative Contact person is the delegated contact person with whom we can connect regarding missing information and/or questions throughout the process. This may be the same as above or could be administrative staff.</i>	
Name	
Phone Number	
Email Address	
Consent to Use Preferred Communication Method (for legal documents) I, the undersigned, do hereby grant the DIS Program permission to communicate and distribute the SHARE Access Agreement (and any other legal documents required for this process) to my clinic, noted on the previous page, via the preferred method of contact chosen below.	
Preferred Method: <input type="radio"/> Mail <input type="radio"/> Secure Email <input type="radio"/> Fax	
Organization/Clinic's (Site) Sponsor Name (print):	
Organization/Clinic's (Site) Sponsor Signature:	
Date:	

Thank you, we will process your request.

**Next Steps:**

1. When we receive this form, you will receive an email requesting that you review technical connectivity requirements and work station requirements for DIS. It is important that your computers and internet connection meets these requirements to maximize the response time and efficiency of your connection to the DIS.
2. Once your request is processed, you will receive an email outlining your immediate next steps. You will also receive, by mail, two copies of the SHARE Private Healthcare Organization Access Agreement which must be signed and returned to the Department of Health and Wellness (DHW); this is a legal agreement between DHW and your pharmacy which outlines the responsibilities of each party.

Questions:

Contact us at DIS@novascotia.ca .