



SHARE New Setup or Change User Access Request Form

for Pharmacists in Private Healthcare Organizations

Fax completed form to 902-407-3016

Do not email this form as it contains personal information and email is not secure.

Required signatures: Authorized signatory (pg 2&3), Applicant (pg 3 only)

APPLICANT IDENTIFICATION: Complete all fields in this section for both new and existing users.

NOTE: Applicant's First Name, Middle Name, and Last Name are MANDATORY . If a Middle Name does not exist, please write N/A <i>Enter Name exactly as appears on professional NSCP License</i>			
First Name:		Last Name:	
Middle Name:		Preferred or Nickname:	
Position Title:		NSCP License #:	
Pharmacy Name:			
Work Location Address:	Street Address		
	Suite		
	City/Province		
	Postal Code		
Work Phone #:		Work Email Address:	

NEW SHARE USER

Check one below (Standard, Time Limited, Reactivate, Deactivate, Change of Name, or Change of Access):			
<input type="checkbox"/> Standard access (no expiry)		<input type="checkbox"/> Time Limited (temporary employment)	
Start Date (YYYY-MM-DD):		Start Date (YYYY-MM-DD):	Stop Date (YYYY-MM-DD):
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you a current or past employee at NS Health, or IWK? (If yes, please enter NSHA/IWK User ID below)			
<input type="checkbox"/> Yes (past)	<input type="checkbox"/> Yes (current)	<input type="checkbox"/> No	NSHA/IWK User ID:

EXISTING USER REACTIVATION/DEACTIVATION OR UPDATE

Check <u>all</u> that apply:			
SHARE User Name			
<input type="checkbox"/> Reactivate Access		<input type="checkbox"/> Deactivate Access	
Start Date (YYYY-MM-DD):		Stop Date (YYYY-MM-DD):	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Change of Name	From:	To:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Change of Work Location	<i>Indicate new work location above in Applicant Identification section</i>		

Applicant's Name _____

STATEMENT OF ACCEPTANCE AND APPROVAL:

I declare that:

1. I have reviewed and confirm the information above is accurate;
2. this user is authorized to access patient information available through SHARE in order to fulfill the requirements of his or her role in providing or supporting patient care;
3. this user has signed the SHARE Remote Access Terms of Use Agreement form (pg.3) and;
4. this user has completed, signed, and faxed the applicable Challenge and Response form, which I have signed.

I understand that providing access to remote users and devices exposes the nshealth.ca network to certain security risks. I accept responsibility for the risks imposed by this remote user. I agree to notify SHARE@novascotia.ca when this account is no longer needed so that access can be disabled.

Individual with authority to sign on behalf of organization*: (Please Print and then fill in this section)	Signature (print and then sign)	Date Signed
Name: Title:	X _____	Date (YYYY-MM-DD)
Work Phone #:	Work Email:	

**Please confirm the authorized signatory with your pharmacy owner (or manager). Typically, the signatory is the pharmacy manager, but not always.*



SHARE Remote Access/Terms of Use Agreement

User's Name (please print)

Title

Clinic or Organization

Telephone Number

All references to SHARE include access to NSHA's Electronic Legal Medical Record for Central Zone, contained in Horizon Patient Folder (HPF) via SHARE, as applicable. In consideration of receiving access to SHARE, the SHARE remote user (the "user") agrees to the following obligations:

1. The user agrees to complete the mandatory training modules as required by the SHARE Program and NS Health and Wellness, for example:
 - *SHARE Portal Users*: SHARE Privacy Zone and SHARE Fast Track Modules or OneContent(HPF) through SHARE Clinical Portal
2. The user has read the SHARE Privacy and Security Policy and understands their obligations including, but not limited to, (refer to the SHARE Privacy and Security Policy for a complete list of obligations):
 - The user shall only access SHARE in the performance of the user's role within the health care system; specifically when they have a care relationship with the patient and the information is necessary for the provision of health care;
 - Access to SHARE outside of the provision of care will be treated as a privacy breach;
 - The user is only permitted to print information from SHARE for the purposes of providing health care;
 - The user shall take reasonable precautions to ensure that information printed or being viewed from SHARE is not visible to any person without authorization to view the information;
 - No user shall reveal their password to another person, or allow it to be accessible to another person nor shall they allow another person to access SHARE information using their password. The user agrees that sharing passwords is in violation of this Agreement and may result in termination of access privileges;
 - The user shall immediately report any breach or suspected breach of privacy or security to the organization's Privacy Officer;
 - The user must notify the information services support provider of any potential duplicate patient records they identify in SHARE;
 - The user will be held accountable for any misuse of SHARE access and/or privileges. Any user found to have violated provisions within this policy and/or any other relevant policies and agreements may be subject to suspension or termination of SHARE access privileges and disciplinary action;
 - The user understands that the DHW has the authority to audit and monitor all access to SHARE at any time without notice or warning;
 - The user shall not access SHARE outside of Canada without express prior written permission from the Minister of Health and Wellness;
 - If accessing HPF(OneContent) via SHARE, the user is aware of all NSHA's policies applicable to HPF relating to privacy, confidentiality and security. These policies are available at https://policy.nshealth.ca/Site_Published/NSHA/nsha_home.aspx CH 30-100 Privacy and Confidentiality of Personal Health Information (PHI), CH 05-015 Computer Password, Acceptable Use of Information Technology NSHA AD-IT-005 and CH 05-070 Remote Access.
3. For users with access to the Personal Worklist screen in the SHARE Portal:
 - The user may enter only non-urgent administrative information related to follow-up of patients in the Notes field
 - The user is not authorized to enter urgent information, clinical information, or information related to clinical decisions in the Notes field because the Notes are not saved once a patient is deleted from the Personal Worklist.
4. The user has read and accepted the Remote Access Terms of Use agreement at [https://ictservices-help.novascotia.ca/NSHAIWK/Remote_Access_Terms_of_Use_Agreement_\(NSHA&IWK\).pdf](https://ictservices-help.novascotia.ca/NSHAIWK/Remote_Access_Terms_of_Use_Agreement_(NSHA&IWK).pdf)
5. The terms of this Agreement continue after termination of this Agreement.
6. This Agreement shall be governed by the laws of the Province of Nova Scotia.

To demonstrate their agreement, the parties have signed below:

Print to sign

Individual who has AUTHORITY to sign on behalf of the private healthcare organization:

User Name: _____

Name (Print): _____

Signature: _____

Signature: _____

Date: _____

Date: _____