For Office Use Only	
	DIS Reference No.

NSPMP & e-ACCESS REGISTRATION FORM: OUT-OF-PROVINCE PRESCRIBERS

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

SECTION A: PRESCRIBER INFORMATION

Given Name: _____ (First Name) _____ (Middle Name) _____ (Last Name)

Name: _____ (To Appear on Duplicate Pad) **Gender:** ☐ M ☐ F **Birth Date:** _____ (YYYY-MM-DD)

SECTION B: PRACTICE INFORMATION

Primary Practice (Information to Appear on Duplicate Pads)

Clinic/Unit/Dept: _____

Street Address (1): _____

Street Address (2): _____

City: _____ **Prov:** _____ **Postal Code:** _____

Office Tel: _____ **Fax:** _____

Prescriber Email: _____
(Required for correspondence, e-Access login and password resets)

Practice Specialties: _____
(Palliative care, pain management, etc.)

Do you practice in a clinical group setting? ☐ **No** ☐ **Yes**
If YES, please use your clinic letterhead to list the names and license numbers of other providers who may prescribe for your patients.

SECTION C: DUPLICATE PAD ORDER

With the exception of benzodiazepines, NSPMP requires prescriptions for monitored drugs to be completed on a duplicate prescription pad or via the Nova Scotia Drug Information System's e-Prescribe function. By default, out-of-province prescribers will receive one (1) duplicate pad (25 forms) at the time of registration. If you do not require a prescription pad, please indicate your reason below:

I do not require a duplicate pad: ☐ **I only prescribe benzodiazepines** ☐ **I use the NS DIS e-Prescribe function**

SECTION D: EDUCATION & LICENSING INFORMATION

License Type: ☐ **Medicine** ☐ **Nursing** ☐ **Dentistry** **Graduation Year:** _____

Granting University: _____ (University Name) _____ (Country of Study)

Royal College Specialty: _____ (if applicable) **License No:** _____ **Billing No:** _____ (if applicable)

Are you licensed in another province? ☐ **No** ☐ **Yes** **Prov:** _____ **License No:** _____ **Billing No:** _____

IMPORTANT: Prescribers located outside of Nova Scotia are required to attach proof of their provincial license number/registration with their application. Incomplete applications will not be processed.

Name of most recent safe prescribing course: _____

Course Facilitator: _____ (ex: CAMH, Atlantic Mentorship Network) **Course Year:** _____

SECTION E: AUTHORIZATION & APPLICATION CHECKLIST

- ☐ I certify that I am in good standing with my provincial licensing body and the information provided on this application is accurate
- ☐ I have attached documentation as proof of license number/registration with my provincial licensing authority
- ☐ (If applicable) I have attached a list of prescribers who may prescribe for my patients
- ☐ I have read, understood and agreed to the terms for *Confidentiality and Acceptable Use* for NSPMP's e-Access portal (see page 2)

Prescriber Signature: _____ **Application Date:** _____ (YYYY-MM-DD)

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USE e-ACCESS TO REVIEW MEDICATION HISTORIES PRIOR TO PRESCRIBING

- NSPMP Prescribers are encouraged to use e-Access to review patient profiles prior to prescribing.
- An e-Access account will be provided to all prescribers 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, prescribers 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
- 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 is it 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

Prescriber Name:	(please print)	**Witness Name:**	(please print)
Prescriber Signature:		**Witness Signature:**	
Date of Application:	YYYY-MM-DD	**Date of Witness:**	YYYY-MM-DD