



Corporate Pharmacy

Request Form



The following Pharmacy Corporation requests access to patient lab values in SHARE, Nova Scotia's provincial Electronic Health Record system. The information included in this request is for the purpose of initiating the access process.

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

Corporation Information	
Corporation/Company Name (Legal Name – as recorded with the Registry of Joint Stock)	
Civic Address	
Mailing Address (If different from above)	

Pharmacy Information		
<i>This section indicates which pharmacies are included in your corporation, or attach spreadsheet if not enough space</i>		
Pharmacy Name	Delegate User Access to Pharmacy Manager?	
	(Y/N)	Pharmacy Manager and email address:



Corporation Main Contact Person Information

The main corporate contact person is the primary contact for the Department of Health and Wellness (DHW). This person will be responsible for all administrative requirements associated with receiving access to SHARE and for any ongoing administrative tasks associated with their pharmacists having access to SHARE^{Note 1}.

Name	
Phone Number	
Fax Number	
Email Address	

Corporation Legal Authority Information

This person has the legal authority to hold a pharmacist working in the pharmacies noted above accountable in the event of a privacy breach. The Corporate Legal Authority will sign the legal agreement with DHW. (e.g., Corporation Owner/President) They will also sign the User Access Request forms for the pharmacists^{Note 1}. This may be the same person as the Corporation Main Contact Person.

Name	
Job Title	
Phone Number	
Fax Number	
Email Address	

Corporation Privacy Officer Information

The Corporation Privacy Officer is the person responsible for privacy and security of personal health information within the organization. This may be the same person as the Corporation Main Contact Person.

Name	
Phone Number	
Fax Number	
Email Address	

Note 1: unless delegated to Pharmacy Manager



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Corporate Legal Authority Name (print): _____

Corporate Legal Authority Signature: _____

Date (YYYY-MM-DD): _____

Questions:

Contact us at SHARE@novascotia.ca