



**Schedule A**  
**Drug Information System Joint Service and Access Policy**  
**(Pharmacies and Dispensing Physician)**

***Confirmation of Acceptance***

By signing below, I confirm that I have reviewed and accepted the attached Department of Health and Wellness, Drug Information System (DIS), Joint Service and Access Policy (Issue: October 23, 2013).

Notification of any required changes to this policy will be made available through the DIS website (<http://novascotia.ca/dhw/dis>) and by other electronic means no less than 60 days in advance of updating the policy. A current version of the policy will be available on the DIS website.

This confirmation of acceptance may be terminated by the User Organization(s) with 30 days' notice by sending a written notice of termination by registered mail to the DIS Program Director, 4th Floor Barrington Tower, 1894 Barrington Street, PO Box 488, Halifax, NS, B3J 2R8.

User Organization: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Contact (if applicable): \_\_\_\_\_

Alternate Phone (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Completed confirmation of acceptance forms must be faxed to: 1 (902) 407-3020