**Pharmacy Contact Information Form (v3 – July 28, 2015)**

**Nova Scotia Drug Information System**

**Instructions for Completion**

The purpose of this form is to provide the Department of Health and Wellness (DHW) with information required to:

* set your pharmacy up on the Drug Information System
* provide your pharmacy with DIS support
* identify the individual(s) in your organization responsible for privacy, security and access as outlined in sections 5.3.5 and 5.3.7 of the Joint Access and Security Policy (JSAP). **\***

[**\* Note:** If your pharmacy is affiliated with a Banner, Chain or Corporation, this information has already been provided to DHW – please **do not complete** this section of the form.]

Fax the completed form to: **(902) 407-3020**. Any future changes to the information contained on this form may be faxed to the same number.

Please include the following information on the form.

|  |  |
| --- | --- |
| Company Name | The name of your Banner, Chain or Corporation |

|  |  |
| --- | --- |
| Pharmacy Name & Store Number | The name and store number (if applicable) of your pharmacy. This information will be required when contacting DIS Support |
| License Number | Your pharmacy license number |
| Pharmacy Owner | The name of the pharmacy owner |
| Pharmacy Manager | The name of your pharmacy manager |
| Pharmacy Manager Email Address | The email address for your pharmacy manager |
| Pharmacy Telephone Number(s) (extension(s) if applicable) | The telephone number or numbers for the DIS Support Team to use when support is required. If there is a specific extension(s) for the dispensary, please include it. |
| Pharmacy Fax Number | The number for the DIS Support Team to use to send a fax to you |
| Pharmacy Email Address(es) | The email address or addresses for the DIS Support Team to use to send an email to you |
| Preferred Contact Method (check all that apply) | \_\_\_ Fax  \_\_\_ Email  The contact method(s) you would prefer the Drug Information Support Team to use in the event of an outage |
| Pharmacy Civic Address | Your pharmacy’s street address |
| Pharmacy Mailing Address | Your pharmacy’s mailing address |
| Pharmacy Hours | The hours of operation of your pharmacy dispensary |
| Average Rx Fill per Week | The average number of prescriptions filled per week |
| Pharmacy Software Vendor | The name of your pharmacy software vendor |
| Target Go Live Date | Your Go Live date |
| Static IP Address | Your Static IP Address |
| Speed Test Download and Upload Speeds | The speeds recorded when you ran the test (<http://www.speakeasy.net/speedtest>) – select New York  The purpose of this test is to provide DIS Support with your internet upload and download speeds prior to connecting to DIS |
| Wireless (Yes or No) | Please indicate whether or not you have wireless connectivity in your pharmacy |

**Privacy, Security and Access Contact(s) – Section 5.3.5 and 5.3.7 of the JSAP**

|  |  |
| --- | --- |
| Privacy & Security Contact Name | The person responsible for privacy and security of personal health information within the organization |
| Privacy & Security Contact Phone Number | The phone number of the person responsible for privacy and security of personal health information within the organization |
| Privacy and Security Contact Email Address | The email address of the person responsible for privacy and security of personal health information within the organization |
|  |  |
| User Access Contact Name | The person responsible to manage user roles for the organization |
| User Access Contact Phone Number | The phone number of the person responsible to manage user roles for the organization |
| User Access Contact Email Address | The email address of the person responsible to manage user roles for the organization |

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**Nova Scotia Drug Information System**

|  |  |
| --- | --- |
| Company Name |  |

|  |  |
| --- | --- |
| Pharmacy Name & Store Number |  |
| License Number |  |
| Pharmacy Owner |  |
| Pharmacy Manager |  |
| Pharmacy Manager Email Address |  |
| Pharmacy Telephone Number(s) (extension(s) if applicable) |  |
| Pharmacy Fax Number |  |
| Pharmacy Email Address(es) |  |
| Preferred Contact Method (check all that apply) | \_\_\_ Fax  \_\_\_ Email |
| Pharmacy Civic Address |  |
| Pharmacy Mailing Address |  |
| Pharmacy Hours |  |
| Average Rx Fill per Week |  |
| Pharmacy Software Vendor |  |
| Target Go Live Date |  |

|  |  |
| --- | --- |
| Static IP Address |  |
| Speed Test Download and Upload Speeds |  |
| Wireless (Yes or No) |  |

**Privacy, Security and Access Contact(s) – Section 5.3.5 and 5.3.7 of the JASP**

|  |  |
| --- | --- |
| Privacy & Security Contact Name |  |
| Privacy & Security Contact Phone Number |  |
| Privacy and Security Contact Email Address |  |
|  |  |
| User Access Contact Name |  |
| User Access Contact Phone Number |  |
| User Access Contact Email Address |  |

**For Office Use Only:**

|  |  |
| --- | --- |
| Geographically in DHA: |  |