



REQUEST FOR INFORMATION RELEASE
By the Minister of Health or Person Designated by the Minister, or by a College or a Regulatory Body for a Practitioner under Section 23(1) of the *Pharmaceutical Services Act*

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|-----------------|------------------|--|
| 1. Request Date | Required by Date | If urgent (required less than five days after the request date) provide reason |
|-----------------|------------------|--|

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|---|
| 2. Name and Title of Individual Requesting Data |
| Organization |

3. Section 23(1) of the *Pharmaceutical Services Act* states:

23 (1) The minister may disclose, inside Canada, personal information under this Act for one or more of the following purposes:

- (b) to investigate or discipline a person regulated by a governing body of a health profession that has authority, under an enactment of any jurisdiction, to investigate or discipline the person;
- (c) to monitor, by a governing body of a health profession, the practice of a health profession that is, under an enactment of any jurisdiction, regulated by that body;

Section 43 of the *Pharmaceutical Services Act* states:

43 (2) Without limiting section 22 (collection, use and disclosure of personal information) or 23 (disclosure of personal information),

- (b) a college, health care body and public insurer may collect and use personal information from the minister for the purposes of determining any person's compliance with an enactment that governs the college, health care body or public insurer, as applicable.
- (3) Without limiting section 22 or 23, the minister may
- (c) disclose personal information to a college, health care body and public insurer for the purposes of determining any person's compliance with an enactment that governs the college, health care body or public insurer, as applicable.

Describe how the data requested will be used in the review or investigation you are conducting, and how the data are required for that purpose.

4. PharmaNet Data Required

PATIENT INFORMATION

| DATA VARIABLES | VARIABLE NAMES | REASON FOR REQUEST |
|--|-------------------|--------------------|
| <input type="checkbox"/> Patient Name | PATIENT_NAME | |
| <input type="checkbox"/> PHN | CLNT_LABEL | |
| <input type="checkbox"/> Gender | CLNT_GENDER_LABEL | |
| <input type="checkbox"/> Date of birth | MRG_CLNT_BRTH_MTH | |

REGISTRANT INFORMATION

| DATA VARIABLES | VARIABLE NAMES | REASON FOR REQUEST |
|---|--|--------------------|
| <input type="checkbox"/> Registrant Name | PRAC_NAME | |
| <input type="checkbox"/> Registrant identification number | PRSCR_PRAC_LABEL (or PHARMACIST_ID) | |
| <input type="checkbox"/> Registrant Health Authority (HA) | BEST_AVL_HA_AREA | |
| <input type="checkbox"/> Registrant Health Services Delivery Area (HSDA) | BEST_AVL_HSDA | |
| <input type="checkbox"/> Registrant Local Health Area (LHA) | BEST_AVL_LHA | |
| <input type="checkbox"/> Forward Sortation Area | BEST_AVL_PSTL_CD (First 3 Characters) | |
| <input type="checkbox"/> Registrant identification reference (code identifying the governing body from which practitioner receives licence) | PRSCR_PRAC_LIC_BODY_IDNT | |
| <input type="checkbox"/> Description of Registrant's governing body | PRSCR_PRAC_LIC_BODY | |
| <input type="checkbox"/> Registrant type (e.g., physician, dentist, nurse practitioner, podiatrist, midwife, veterinarian, pharmacist) | PRSCR_PRAC_PROF | |
| <input type="checkbox"/> Registrant specialty flag Y/N (Derived from RCNT_CLG_SPTY_1-2. If both specialty fields equal "Unknown" then "N" else "Y") | PRAC_SPECIALTY_FLAG | |
| <input type="checkbox"/> Registrant specialty type description (e.g., cardiology, neurology, paediatrics, urology) | RCNT_CLG_SPTY_1-2 | |

RECORDS REQUESTED FOR (Choose one of the following)

All medications. Rationale describing why all medications are required must be supplied. The rationale must clearly and specifically align with the stated project objectives and research methodology before it will be considered for release:

Medications for drugs listed in drug file provided by applicant

DRUG INFORMATION

| DATA VARIABLES | VARIABLE NAMES | REASON FOR REQUEST |
|---|-----------------|--------------------|
| <input type="checkbox"/> DINPIN (drug information number as per drug list provided, field is mandatory) | HLTH_PROD_LABEL | |
| <input type="checkbox"/> Canadian brand name | DRUG_BRAND_NM | |
| <input type="checkbox"/> Chemical/generic name | GEN_DRUG | |
| <input type="checkbox"/> GCN sequence number (random number representing generic formulation of drug assigned by Health Canada) | GCN_SEQ_NUM | |
| <input type="checkbox"/> Drug strength | GEN_DRUG_STRGTH | |
| <input type="checkbox"/> Drug form units (e.g., ml, grams, each) | UNIT_OF_MSR | |
| <input type="checkbox"/> Dosage form description (e.g., aerosol, tablet, capsule, liquid) | GEN_DSG_FORM | |

MEDICATION REVIEW

Medication Review Records as of April 1, 2011 (Available for BC College of Pharmacists registrants only)

MEDICATION/DISPENSING INFORMATION

| DATA VARIABLES | VARIABLE NAMES | REASON FOR REQUEST |
|---|----------------|--------------------|
| <input type="checkbox"/> Date of service (date dispensed) | SRV_DATE | |
| <input type="checkbox"/> Quantity dispensed | DSPD_QTY | |
| <input type="checkbox"/> Days supply (estimate of number of days of prescription treatment) | DSPD_DAYS_SPLY | |
| <input type="checkbox"/> Directions for use | DRUG_USE_DIR | |

| DATA VARIABLES | VARIABLE |
|--|----------|
| <input type="checkbox"/> Other Information | |
| | |
| | |

5. Links to Data From Other Sources

Will PharmaNet data be linked to, or used in conjunction with, data from other source(s)?

Yes No

If yes, state all other sources of data, including name of the all datasets to be linked. Attach copies of approvals obtained from the stewards of the other data to be linked (if applicable), including a description of which fields are approved for use as linking variables and which are not. Indicate which linking variables will be retained in the final analysis database, in addition to variables required for analysis.

6. Release of PharmaNet Data

Will there be any further release of PharmaNet data? To whom, and for what purpose? (include individuals' names, titles, organization)

7. Format of Data

The format of data to be supplied (Excel, CSV, ASCII TXT, etc., delivered via SFTP, encrypted memory stick via courier, or other approved methods of delivery).

8. Confidentiality Declaration

Section 24 of the Act states that:

- 24 (1) A person to whom the minister discloses personal information under this Act must not use or disclose the personal information for any purpose other than the purpose for which it was disclosed to the person, except
- (a) in respect of his or her own personal information,
 - (b) in accordance with this Act or a regulation made under it,
 - (c) for the purposes of court proceedings, or
 - (d) for the purposes of enabling the college, a committee of the college or a person acting for the college to exercise powers or perform duties under
 - (i) an enactment that applies to the college, or
 - (ii) the college bylaws.
- (2) A person to whom the minister discloses personal information under this Act must comply with any limits or conditions set, in writing, by the minister.

Signature of Person Making Request

Print Name

Date Signed