



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 the *Pharmaceutical Services Act*

Date Requested	Date Required	Is this urgent (required within five days)? If yes, provide reason:
----------------	---------------	---

Full Name and Title of Individual Requesting Data
Organization

Disclosure of Personal Information

The *Pharmaceutical Services Act* regulates when personal information can be disclosed, to whom, and for what purposes.

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

(b) 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 you intend to use the requested data.

TIME PERIOD FOR REQUESTED DATA

DATA REQUESTED FROM (YYYY/MM/DD)	DATA REQUESTED TO (YYYY/MM/DD)

PharmaNet Data Required**PATIENT INFORMATION**

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Patient Name	LEGAL_SURNAME and LEGAL_FIRST_GIVEN_NAME	
<input type="checkbox"/> PHN	MRG_CLNT_IDNT_KEY	
<input type="checkbox"/> Gender	CLNT_GENDER_CD	
<input type="checkbox"/> Date of birth	MRG_CLNT_BRTH_MTH	

REGISTRANT INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Registrant Name	PRSCR_PRAC_SURNM and PRSCR_PRAC_1ST_GVN_NM	
<input type="checkbox"/> Registrant identification number	PRSCR_PRAC_IDNT	
<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	

RECORDS REQUESTED FOR (Choose one of the following)

<input type="checkbox"/> List all drugs, devices, substances or related services. Please indicate the reason for request.
<input type="checkbox"/> Drugs, devices, substances or related services listed in file provided by applicant

DRUG, DEVICE, SUBSTANCE OR RELATED SERVICE INFORMATION

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> DIN/PIN (drug identification number or product identification number as per list provided, field is mandatory)	DIN_PIN	
<input type="checkbox"/> Canadian brand name	DRUG_BRAND_NM	
<input type="checkbox"/> Chemical/generic name	GEN_DRUG	
<input type="checkbox"/> Drug strength	GEN_DRUG_STRGTH	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<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	

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	

* The Directions for Use field is only disclosed under limited conditions. You must request and review the Directions for Use policy before submitting a request.

DATA VARIABLES	REASON FOR REQUEST
<input type="checkbox"/> Other Information (Please describe the required information and provide a rationale)	

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, answer the three questions below. If no, continue to page 4.

State all other sources of data and describe why the linkage is necessary to achieve the purpose described above. Attach copies of approvals obtained from the stewards of the datasets to be linked (if applicable).

Which fields are approved for use as linking variables?

Release of Requested Data

Will there be any further release of the requested data? To whom, and for what purpose? Include names, titles, and organizations.

Format of Data

What format would you like the data in (Excel, CSV, etc.)? Data files will be delivered through SFTP.

Confidentiality Declaration

Section 24 of the *Pharmaceutical Services Act* states:

- 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