



# SASKATCHEWAN PHARMACEUTICAL INFORMATION PROGRAM (PIP) REQUEST TO UNMASK MEDICATION PROFILE

I understand that the Pharmaceutical Information Program, also known as PIP, is a secure computer system that contains information about my prescribed and dispensed medications and that this system is used by authorized health care professionals to make decisions about health care treatments for me.

I also understand that PIP provides me with the option to globally mask my medication information contained on this system and that this means that all of the prescribing and dispensing medication information about me contained in this system will not be accessible by any user of the system except with my consent or in such exceptional circumstances as where dangerous use of prescription drugs is suspected and/or in emergency circumstances where I am unable to provide my consent.

I, the undersigned, having previously masked my PIP information, request that Saskatchewan Health unmask my medication profile stored in the PIP Application.

_____ Signature of Applicant	_____ Signature of Agent if required
_____ Date Signed by Applicant	_____ Date Signed by Agent

*If you are signing as an agent for the applicant, please include evidence of your authority (ex. guardianship order, power of attorney, etc.).*

_____ Printed Name of Applicant	_____ Address of Applicant	
_____ Health Services Number of Applicant	_____ City / Town	_____ Postal Code
_____ Date of Birth of Applicant	_____ Phone number of Applicant or Agent during business hours	

**Please forward this form to:**  
**Saskatchewan Health**  
**Drug Plan and Extended Benefits Branch**  
**3475 Albert Street**  
**Regina SK S4S 6X6**  
**fax (306)787-8679**  
**Original paper copies and legible fax copies will be accepted.**

Should you have questions about PIP, please call Saskatchewan Health at 1-800-667-1672 or, if calling in Regina, 787-8963.