



SASKATCHEWAN PHARMACEUTICAL INFORMATION PROGRAM (PIP) REQUEST FOR A REPORT ON MEDICATION PROFILE ACCESS

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, request that Saskatchewan Health provide me with a report showing when my medication profile stored in PIP was accessed and by whom during the preceding months, not exceeding 12 months, and be mailed to me at the address noted below.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Agent if required
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date Signed by Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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.).

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Address of Applicant
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Health Services Number of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> City / Town Postal Code
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Birth of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Mailing Address if different
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Phone number of Applicant or Agent during business hours	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> City / Town Postal Code

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.

The report on medication profile access will be forwarded to you by ordinary mail in an envelope addressed to you stamped "PERSONAL & CONFIDENTIAL". Should you have questions about PIP, please call Saskatchewan Health at 1-800-667-1672 or, if calling in Regina, 787-8963.