



NSPMP & e-ACCESS REGISTRATION FORM: NOVA SCOTIA PRESCRIBERS

For Office Use Only

DIS Reference No.

Website: www.nspmp.ca
Phone: 902-496-7123/1-877-476-7767
Fax: 902-481-3157 M-F: 8am – 5pm

SECTION A: PRESCRIBER INFORMATION

Given Name:

First Name

Middle Name

Last Name

Name:

(To Appear on Duplicate Pad)

Gender: M F Other: _____ DOB: _____

SECTION B: PRACTICE INFORMATION

Clinic/Unit/Dept:

Street Address (1):

Street Address (2):
(E.g. Floor, room, suite #)

City:

Province:

Postal Code:

Office Tel:

Office Fax:

Prescriber Email:

*Email address must be a private prescriber email. This will give NSPMP permission to contact you for the purpose of correspondence, e-Access login and password reset

Practice Specialties:

(Palliative care, pain management, etc.)

Do you practice in a clinical group setting? No Yes

If YES, please attach the list of names and license numbers of potential providers, who may prescribe for your patients on the clinics letterhead with your registration form.

SECTION C: DUPLICATE PAD ORDER

With the exception of benzodiazepines, the NSPMP requires prescriptions for monitored drugs to be completed on a duplicate prescription pad or the NS Drug Information System's e-Prescribe function. Alternatively, as per the Health Canada Exemption 56(1) you may prescribe in the form of verbal or fax order (This is in place until the earliest of September 30, 2026, the date this exemption is replaced or the date it is revoked). By default, Nova Scotia prescribers will receive three (3) duplicate pads (25 forms) at the time of registration. If you do not require a prescription pad, please indicate below:

I do not require a duplicate pad:

SECTION D: LICENSING INFORMATION

License Type: Medicine Nursing Dentistry

License No:

Are you licensed in another province? No Yes Prov: _____ License No: _____

SECTION E: AUTHORIZATION & APPLICATION CHECKLIST

I certify that I am in good standing with my provincial licensing body and the information provided on this application is accurate
(If applicable) I have attached a list of prescribers who may prescribe for my patients

I have read, understood and agreed to the terms for *Confidentiality and Acceptable Use* for NSPMP's e-Access portal (see page 2)

Prescriber Signature:

Application Date:

YYYY-MM-DD



NSPMP & e-ACCESS REGISTRATION FORM: NOVA SCOTIA PRESCRIBERS

Website: www.nspmp.ca
Phone: 902-496-7123/1-877-476-7767
Fax: 902-481-3157 M-F: 8am – 5pm

USE e-ACCESS TO REVIEW MEDICATION HISTORIES PRIOR TO PRESCRIBING

- NSPMP Prescribers are encouraged to use e-Access to review patient profiles prior to prescribing.
- An e-Access account will be provided to all prescribers at the time of Program Registration.
- e-Access offers 24-hour access to patient prescription histories via a simple online login tool (no additional software or configuration required)
- As part of the e-Access registration process, prescribers will receive two emails (with a user ID and temporary password) from a system administrator at Medavie Blue Cross.
- The e-Access portal is located on the main page of the NSPMP website or via direct link. (<https://eaccess.nspmp.ca>)
- Password resets are fast and easy. Call 1-877-476-7767 between 8am and 8pm (AST) Monday-Friday.

PART A: CONFIDENTIALITY AND ACCEPTABLE USE FOR e-ACCESS

1. I understand that it is my duty to adhere to the provisions of the Nova Scotia Prescription Monitoring Program's (NSPMP) policies and procedures, and agree to same.
2. I understand that all personal health information to which I have access is confidential, and is not to be discussed with or communicated to anyone who is not authorized to know the information in any manner, except as in accordance with the NSPMP's policies and procedures regarding same.
3. I will not access nor use personal health information except as it is necessary to perform my duties and/or as I am authorized to do so by the NSPMP.
4. I will not disclose personal health information to any unauthorized person, allow any unauthorized person to access personal health information, nor discuss personal health information with, or in the presence of, any unauthorized person.
5. I will immediately report any breaches of privacy and/or confidentiality to the NSPMP.
6. I understand that it is my responsibility to secure information to which I have access in accordance with the policies and procedures of the NSPMP governing the security of information.
7. I understand that if I have questions or concerns respecting access, disclosure or use of personal health information, I am responsible for addressing those questions or concerns with the NSPMP.
8. Should I inadvertently breach any of the provisions of the NSPMP's policies regarding the access, disclosure or use of personal health information, or cause a security breach which could lead to improper disclosure of information held by the NSPMP or improper access by others to information held by the NSPMP, I understand that a record of this breach will be maintained by the NSPMP and that I may be required to undertake additional privacy and security education.
9. Should I wilfully breach any of the provisions of the NSPMP's policies respecting the access, disclosure or use of personal health information or cause a security breach which could lead to improper disclosure of information held by the NSPMP or improper access by others to information held by the NSPMP, I understand that I may have access revoked and/or face disciplinary action with my licensing authority.

PART B: e-ACCESS PASSWORD MANAGEMENT

10. I agree to keep my password absolutely confidential; it is for my use alone. I will not share my password.
11. If I suspect that someone else knows my password I must notify the NSPMP at 902-496-7123, or toll free at 1-877-476-7767 immediately.
12. I am responsible for any and all uses of the e-Access secure website associated with my password.

Part C: e-ACCESS AUTHORIZATION

Prescriber Name:

(please print)

Prescriber Signature:

Date of Application:

YYYY-MM-DD