



# MONITORED PRESCRIPTION HISTORY REQUEST FORM TO BE COMPLETED BY LAW ENFORCEMENT OFFICIALS

Website: [www.nspmp.ca](http://www.nspmp.ca)  
Telephone: 902-496-7123  
Toll Free: 1-877-476-7767  
Fax: 902-481-3157  
Hours: M-F: 8am – 5pm

## REQUESTOR INFORMATION

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency/Detachment: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Office Telephone Number: \_\_\_\_\_ Requestor's Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_  
First Name, Middle Name/Initial, Last Name, Suffix (Sr., Jr.)  
Patient Alias(es): \_\_\_\_\_  
Patient Gender:  Male  Female Date of Birth: \_\_\_\_\_  
YYYY-MM-DD  
Patient Health Card Number: \_\_\_\_\_  
Patient's Current Address: \_\_\_\_\_  
Street, PO Box, Province, Postal Code  
Previous Address (if known): \_\_\_\_\_  
Street, PO Box, Province, Postal Code

## SUPPORTING INFORMATION

As per Section 23 of the Prescription Monitoring Act, the NSPMP must have **reasonable grounds** to believe that an offence has been committed contrary to the Controlled Drugs and Substances Act (Canada), the Criminal Code (Canada), or successor legislation prior to releasing information. The information provided on this form may include:

- The basis for the belief an offence has been committed
- The believed reliability of the information provided and the basis for any such believed reliability
- General information related to the circumstances of the offence committed
- Other information that may be relevant for consideration by the NSPMP as to whether there are 'reasonable grounds to believe' an offence has been committed
- Information to support the investigation of a death believed to be caused by a prescription drug overdose

Is this request related to an active investigation?  Yes  No

Investigation scope (check all that apply):  Suspected fraud/forgery/uttering a forged document  
 Suspected theft of controlled drugs (ex: robbery, break & enter)  
 Suspected possession of a controlled substance without a prescription  
 Suspected trafficking of a controlled substance  
 Other \_\_\_\_\_

Provide details of the prescription(s) related to this request (check NSPMP.ca for our monitored drug list). (Ex: drug names, amounts, dosage, etc.)

Requested Prescriptions Claim Dates: From \_\_\_\_\_ To \_\_\_\_\_  
YYYY-MM-DD YYYY-MM-DD



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## SUPPORTING INFORMATION (continued)

Please provide a description of the investigation and demonstrate the connection between the patient's prescription history and the activity/investigation.

Provide details as to the reliability of the information and the reliability of any source (if applicable).

## AGREEMENT

**Privacy and Confidentiality:** Requestors who obtain NSPMP information must treat the material as confidential and implement appropriate administrative, physical, and technical safeguards to reasonably ensure its privacy and security.

**Database Scope:** The NSPMP prescription history database is limited to dispensed/filled prescriptions from community-based pharmacies in Nova Scotia since January 1, 1993.

**Information Errors:** While efforts are made to ensure data integrity, some records may contain errors or omissions and may not be complete, accurate or current.

**Information Dissemination:** At the discretion of the requestor, the NSPMP is permitted to contact the patient's prescriber(s) and pharmacist(s) regarding requests for prescription histories.

**YES:** I permit the NSPMP to share the details of this prescription history request with all relevant prescribers and pharmacists.

**Signature of Requestor:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
YYYY-MM-DD

## ELECTRONIC TRANSMISSION CONFIDENTIALITY WARNING

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