

SECTION 1 - PRESCRIBER INFORMATION

SECTION 2 - PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
Please Identify: <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Nurse Practitioner	PATIENT'S MAILING ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE)		
FAX NUMBER (INCLUDE AREA CODE)		

SECTION 3 – TREATMENT RECOMMENDATION

DRUG THERAPY FOR A SUBSTANCE DEPENDENCY IS RECOMMENDED FOR THE PATIENT IDENTIFIED IN SECTION 2*
*THE SUBMISSION OF A SPECIAL AUTHORIZATION REQUEST MAY BE REQUIRED

ELIGIBILITY LIMITATIONS

A person is not eligible to receive benefits, if the person is entitled to those benefits:

- (a) under the Workers Compensation Act;
- (b) from the Royal Canadian Mounted Police;
- (c) from the Department of National Defence;
- (d) from Veterans Affairs Canada;
- (e) under the Non-Insured Health Benefits Program for First Nations and Inuit;
- (f) under any other enactment or Act of the Parliament of Canada; or
- (g) under any statute of any jurisdiction either within or outside of Canada.

CESSATION OF ELIGIBILITY

A Patient approved under the Substance Use Harm Reductions Drug Program ceases to be eligible for benefits under the Substance Use Harm Reduction Drug Program if:

- (a) the Patient leaves the province to establish residence in another province or country;
- (b) a nurse practitioner or medical practitioner no longer recommends drug therapy for a substance dependency for the Patient; or
- (c) the Patient ceases to be entitled to payment for basic health service benefits under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Insurance Act*.

SECTION 4 – PRESCRIBER CERTIFICATION

I am applying on behalf of the patient noted in Section 2 for registration into the Substance Use Harm Reduction Drug Program. I understand that PEI Pharmacare may require additional documentation or information to support this Patient Registration Request, or at any time the Patient is registered in Substance Use Harm Reductions Drug Program, to determine the need for ongoing registration in the Program. Personal information is collected under Prince Edward Island's Health Information Act as it relates directly to and is necessary for providing services under the Substance Use Harm Reduction Drug Program. Any questions should be directed to the Program Office at 902-368-4947 or to the address at the top of the form.

To the best of my knowledge, I certify that the above patients is eligible for benefits under the Substance Use Harm Reduction Drug Program.

PRESCRIBER SIGNATURE (REQUIRED)

DATE

On the first business day of receipt of the completed registration form, a Patient will be registered in the Substance Use Harm Reduction Drug Program. In order to be eligible, a patient must be a PEI resident as defined by the *Drug Cost Assistance Act*.