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Federal Monitoring of Medical Assistance in Dying

Pharmacist Form

Instructions

Use this form if you are a pharmacist in Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec or the Yukon and unable to use the Canadian MAID Data Collection Portal (e.g. no Internet access). For other provinces and territories, please consult Health Canada's website for further information about where to report.

A pharmacist who dispenses a substance in connection with the provision of medical assistance in dying (MAID) must provide the following information within 30 days after the day of dispensing the substance.

Only the pharmacist who actually dispenses the substance is required to report (not others in their team) and only one report is required where more than one substance is dispensed for the purpose of providing MAID to a patient.

1. Patient Information		
Date of birth (YYYY/MM/DD)	Health insurance number <input type="checkbox"/> Not applicable	Province or territory that issued the health insurance number <i>If the patient does not have a health insurance number, please indicate the province or territory of their usual place of residence on the day the pharmacist dispensed the substance.</i>
2. Pharmacist Information		
<i>Personal information regarding the pharmacist is collected to be able to follow up for clarification or to seek missing information.</i>		
Name (first and last)		
Province or territory in which you dispensed the substance for MAID	Licence or registration number <i>If you practice in more than one province or territory, indicate the licence or registration number for the province or territory in which you dispensed the substance for MAID.</i>	
Provide the mailing address at your primary place of work		
Provide the e-mail address that you use for work		

3. About the practitioner who prescribed or obtained the substance*Information about the practitioner is required to be able to link reports of practitioners and pharmacists.*

Name (first and last)

Licence or registration number

4. Dispensing the substanceDate of dispensing the substance
(YYYY/MM/DD)

Where was the substance dispensed?

- hospital pharmacy
- community pharmacy
- other—specify:

5. Supplementary information*Provide supplementary information to clarify your responses, if applicable.***Please send to:**

End-of-life Care Unit
 Strategic Policy Branch
 Health Canada
 200 Eglantine Driveway, 4th Floor, Room 411A
 Tunney's Pasture
 Ottawa, ON K1A 0K9
 Toll free fax number: 1-833-219-0422

PRIVACY NOTICE

The personal information that you provide is protected and governed in accordance with the *Privacy Act*. Health Canada will only collect the personal information needed to administer the Monitoring of Medical Assistance in Dying Program authorized under the *Monitoring of Medical Assistance in Dying Regulations*.

Purpose of collection: Health Canada requires your personal information as per mandatory reporting requirements under sections 241.31(1), 241.31(2) and 241.31(3) of the *Criminal Code*, and the *Regulations for the Monitoring of Medical Assistance in Dying* for the primary purpose of monitoring medical assistance in dying requests and their outcomes.

Other uses or disclosures: Your personal information and the personal information of your patient may be shared with your province or territory or authorized public body or institution for monitoring purposes. Your personal information and personal information of your patient will also be disclosed to Statistics Canada in accordance with the *Statistics Act* for research and statistical purposes to help federal, provincial and territorial ministries of health and justice better understand and address issues associated with the implementation of medical assistance in dying in Canada. Statistics Canada is prohibited by law from releasing any information it obtains which could identify any person, business, or organization, unless consent has been given or as permitted by the *Statistics Act*. Personal information provided may be linked to existing Statistics Canada or Health Canada data sources (such as socio-economic data in a specified geographical location) to provide a broader picture of assisted dying in Canada.

In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act*.

Refusal to provide the information: Failure to provide the information and/or adhere to prescribed timelines is an offence as prescribed under section 241.3(a) and 241.3(b) of the *Criminal Code*.

For more information: A Personal Information Bank (PIB) is under development and will be included in Info Source available online at <https://www.canada.ca/en/health-canada/corporate/about-health-canada/activities-responsibilities/access-information-privacy/info-source-federal-government-employee-information.html>.

Your rights under the *Privacy Act*: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correct your personal information. For more information about these rights, or about our privacy practices, please contact Privacy Management Division at privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

For more information about the Medical Assistance in Dying Program, please contact hc.maid.report-rapport.amm.sc@canada.ca.