



APPENDIX 1

PHARMANET

Patient Consent to Access PharmaNet

The Province of British Columbia has established the provincial computerized pharmacy network and database known as "PharmaNet" pursuant to section 13 of the Pharmacy Operations and Drugs Scheduling Act, S.B.C., 2003, c. 77.

Only the patient or their legal representative may sign this form. It is not acceptable for a caregiver of the patient who is not the patient's legal representative to sign the form on behalf of the patient.

Check this box if you are the legal representative of the patient. Nature of legal relationship with the patient

I, Name of Patient (and, if applicable, Legal Representative) (print), authorize Dr.(s)

Table with 3 columns: Name of Physician(s), Name of Physician(s), Name of Physician(s). Row 1: Dr. David M. Harrison

and persons directly supervised by him/her to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named physician(s).

Executed at, this day of, 20.

SIGNED AND DELIVERED by

Patient or Representative (signature)

in the presence of:

Witness (signature)

Witness (print)

This form is to be retained by the applicant and is not to be returned to the Ministry of Health.