REGISTRATIONS OPERATIONAL POLICY

Access to Records

Introduction

The Nova Scotia College of Pharmacists (NSCP) collects information related to registrants and applicants to facilitate the registration and licence renewal process in Nova Scotia. All information submitted to the NSCP is protected under the Pharmacy Act and Fair Registration Practices Act and may not be used, shared, or distributed by the NSCP to any third party without prior written consent of the applicant except as noted in the Pharmacy Act and associated regulations. Records held by the NSCP are subject to its records inventory and retention schedule. Registrants and applicants may obtain access to their record by submitting a written request to the NSCP.

Purpose

To set out the procedure for registrants and applicants to request access to registration records held by the NSCP related to their application, registration and/or licensure in Nova Scotia.

Policy

1.0 Requests for access to a registrant’s or applicant’s records must be made to the NSCP, in writing, by the applicant or other person authorized by the applicant (proof of authorization required), unless subject to a court order.

2.0 The NSCP shall, upon receiving the written request, provide the registrant or applicant with a copy of the records held by the NSCP pursuant to the conditions outlined in s.12 of the Fair Registration Practices Act. This includes both electronic records (these will be converted to hard copy for disclosure) and hard copy records.
3.0 The registrant or applicant must submit a completed Appendix A: Access to Registration Records Request Form to the NSCP. The request must include sufficient information to enable the identification of the record.

4.0 The NSCP shall consider the request and give a written response to the registrant or applicant within 30 days of receipt unless an extension is communicated to the registrant, pursuant to s. 12 of the Fair Registration Practices Act. The written response will include information on when and how access the record will be made available to the registrant or applicant.

5.0 In cases where the information forms part of a record created by another organization, the NSCP will refer the registrant or applicant to the organization that holds the record.

6.0 Records that form part of a registrant’s or applicant’s registration record that will not be made available to a registrant or applicant include, but are not limited to:

   — records subject to a legal privilege
   — records where an Act, regulation prohibits the disclosure of the information
   — records that are prohibited from disclosure by court order
   — records considered confidential as part of the NSCP’s professional accountability process
   — records provided directly to the NSCP, including reference letters, where the third party has not given consent for the sharing or disclosure of that information
   — records that, if granted access, could reasonably be expected to lead to the identification of a person who provided confidential information to the NSCP
   — records where granting access could threaten or harm the physical or mental health and/or safety of another person
   — records where granting access could threaten public health or safety and undermine the registration process

7.0 If a request is approved, the registrant or applicant may access their records securely through one of the following options:

   — in-person collection at the NSCP by appointment (proof of ID and signature will be required); or
   — by registered mail/courier, where signature and proof of ID required (courier fees apply). The registrant or applicant will be responsible to cover any and all costs. The NSCP bears no responsibility for the security of records sent by registered mail/courier.

8.0 The NSCP may require the applicant or registrant to cover reasonable costs associated with making the record available. The fee will be determined depending on the nature of the request and the amount of information requested. If applicable, all costs must be paid in full prior to the release of the record to the registrant applicant.

9.0 Where a record is found to be inaccurate or incomplete, the registrant or applicant may request, in writing, an amendment or addition to the information on record where appropriate with supporting documentation.
10.0 In the event that access to records held by the NSCP is denied, the NSCP shall inform the applicant in writing of the reasons for the decision.

11.0 Applicants may appeal a decision to deny access to records through the Registrations Appeal Committee pursuant to the NSCP Application Appeal Policy and s. 52 to 54 of the Pharmacy Act.
**APPENDIX A:**

**Access to Registration Records Request Form**

A request for access to registration records must be submitted in writing through submission of the Access to Registration Records Request Form to the NSCP. There may be a cost associated with this request, which will be confirmed by the NSCP upon receipt of your request.

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Business/Organization Name (if applicable):</td>
<td>NSCP Registration #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street, Apt. #, PO Box, RR No.:</td>
<td>City/Town:</td>
</tr>
<tr>
<td>Province:</td>
<td>Postal Code:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (include area code):</td>
<td>Alternate phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

**Details of requested information** (describe the registration records you are requesting. Be as specific as possible and attach additional info if appropriate)
Are you requesting access a person’s information as their authorized designate?  ❑ Yes  ❑ No

If you answered yes to the above, please attach:

❑ signed consent of the individual to disclose requested information to you; and/or
❑ signed and notarised proof of authority to act on that person’s behalf

**Preferred delivery method** *(Note: Photo identification and signature will be required for both methods)*

❑ Please send the copy of requested records by Registered Mail/Courier to the address above

❑ I will pick up the copies at the NSCP office

**Signature**

Signature of applicant or designate ____________________________ Date signed: (YYYY/MM/DD)

**For Office Use Only**

❑ Courier

Tracking No. ____________________________ NSCP Staff Member: ____________________________

❑ Pick up

ID provided ____________________________ NSCP Staff Member: ____________________________

Payment Method:
❑ Visa
❑ MC
❑ Cheque
❑ EFT

Amount Paid ____________________________ NSCP Staff Member: ____________________________