Bayshore® Pharmacy

Bayshore Pharmacy will be providing pharmacy services for patients receiving Glassia via Canadian Blood Services

What can you expect?

- Transmit prescriptions directly to Bayshore Pharmacy
- Bayshore Pharmacy to monitor CBS authorization quantities and expiries
- Bayshore Pharmacy to proactively monitor prescription refills and request prescription renewals to align with authorizations

What can your patients expect?

- Phone call from a Bayshore Pharmacist to verify their information, review their medication history and provide any necessary medication counselling.
- Safe, secure, cold chain delivery of Glassia to their home
- Written contact information for Bayshore Pharmacy
- Written Patient Medication Information

T: 1-855-430-0730 | Fax: 1-855-307-2929 Email: bsrxab@bayshore.ca

Bayshore® Pharmacy

Enrollment Form

Patient Information

Last Name:	First Name:	Gender at birth ☐ Male ☐ Female	Date of birth: (YYYY/MM/DD)
Allergies:		Address:	
City:		Province	Postal Code:
Phone number of individual or Substitute Decision Maker:		Alternate phone number:	
Email of individual or Substitute Decision Maker:		Alternate email:	
Consent to leave VM: ☐ Yes ☐ No	Preferred time to call: ☐ AM ☐ PM	Consent to contact: ☐ Phone ☐ Email ☐ Text	
Patient's next refill due date: (YYYY/MM/DD)		Preferred method of contact: ☐ Phone ☐ Email ☐ Text	

Physician Information

Last Name:	First Name:	License Number:	
Address:	City:	Province:	Postal Code:
Phone number:	Fax number:	Email:	

Clinic Contact

☐ Same as above

Last Name:	First Name:		
Address:	City:	Province:	Postal Code:
Phone number:	Fax number:	Email:	

I understand that Bayshore Pharmacy ("Bayshore") is a healthcare services provider that provides specialty pharmacy services and patient support programs.

I understand that my healthcare provider ("HCP") is referring me to Bayshore so that Bayshore may assist me with matters in relation to my treatment. I authorize my individually identifying health information ("Health Information") related to my demographic information and the dispensing data provided by my physician, to be collected and used by Bayshore for the purposes of providing care and treatment, confirm identity and eligibility, and to monitor usage of the product, quality assurance, program management, evaluation purposes, and compliance with legal and regulatory requirements.

I consent to my HCP sharing my personal information and personal health information with Bayshore for the purpose of Bayshore contacting me in this regard.

Third-Party Disclosure and Use: In order to facilitate this program, I consent for my Health Information to be disclosed by Bayshore in accordance with S. 34 of the Health Information Act to, **Canadian Blood Services** for the purpose of confirming my ability to access the requested product(s) in accordance with predetermined eligibility criteria, to facilitate communication with my HCP, pharmacy, as applicable, and treating hospitals, and to monitor usage of the product, together with quality assurance and program management and evaluation purposes, and to comply with legal and regulatory requirements. Your Health Information may be shared with others as permitted or required by law.

By signing below, I understand why I have been asked to disclose my Health Information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my Health Information. I understand that I may revoke this consent in writing at any time, and by revoking consent I could impact my ability to have my plasma protein and related product dispensed through Bayshore.

Authorization

Signature of **Individual** (Patient):	OR Signature of **Substitute Decision Maker**:	First and Last Name of **Substitute Decision Maker**:
Date (Consent Effective): (YYYY/MM/DD)		
☐ Verbal consent obtained by health care provider	Signature of healthcare provider:	First and Last Name of health care provider:

T: 1-855-430-0730 | Fax: 1-855-307-2929 Email: bsrxpharmaab@bayshore.ca

Need More Information or Have a Question About Privacy?
For questions or concerns about privacy, including withdrawing your consent to collection, use and disclosure of your personal information, please contact:
Bayshore's Privacy Officer
Email: privacyofficer@bayshore.ca
Phone: 1-800-668-9490
Fax 1-647-849-1191
Mail: 2101 Hadwen Rd., Mississauga, Ontario L5K 2L3.

Prescription Form

Bayshore® Pharmacy

Patient Information

Last Name:	First Name:	Date of birth: (YYYY/MM/DD)
Address:		
Province:	Health Card Number:	Weight (kg):

Prescription

Glassia (alpha-1 proteinase inhibitor) Administer intravenously: _____ milligrams OR _____ full vials (round up/down to use the full 1000 mg vial)	**CBS Contract #:** Frequency: ☐ Q Weekly ☐ Other _____ Dispense Quantity: ☐ 13 Weeks ☐ Other _____ # of Repeats: _____
Other Instructions:	

Physician Information

Last Name:	First Name:		License Number:	
Address:	City:		Province:	Postal Code:
Phone number:	Fax number:			
Signature:			Date:	

T: 1-855-430-0730 | Fax: 1-855-307-2929 Email: bsrxpharmaab@bayshore.ca

Notice of Collection of Health Information for the Patient Designated Plasma Protein and Related Products Program

Bayshore Pharmacy ("Bayshore") is committed to ensuring the confidentiality and protection of personal information we are entrusted. In Alberta, Bayshore's Privacy Management Program is governed by the information requirements of the Health Information Act.

The health information that we are collecting is used to determine your eligibility for the Patient Designated Plasma Protein and Related Products program (in partnership with Canadian Blood Services) and to provide you with care services or for other authorized purpose(s) under section 27 of the Health Information Act. It is collected under the authority of section 20(b) of the Health Information Act – directly related to and necessary to carry out an authorized purpose under section 27.

The confidentiality of this health information and your privacy are protected by the provisions of the Health Information Act. All Bayshore employees are responsible for ensuring the privacy and confidentiality of your personal information.

Disclosure to Canadian Blood Services

As part of participation in this program, Bayshore obtains your consent to disclose the following Health Information to Canadian Blood Services:

- Patient demographic information (e.g., name, date of birth, patient ID number, province, health care provider information)
- Dispensing data (e.g., drug name, DIN, Rx number, lot number, quantity, days' supply, transaction date, dispense date)

You have the right to revoke your consent in writing at any time. Revoking your consent could impact your ability to participate in the program.

Need More Information or Have a Question About Bayshore Privacy Practices?

Anyone may contact Bayshore with any complaint, question, concern, or compliment relating to Bayshore's information handling practices.

Bayshore's Privacy Officer
Email: privacyofficer@bayshore.ca
Phone: 1-800-668-9490
Mail: 2101 Hadwen Rd., Mississauga, Ontario L5K 2L3.

If you feel that we have not fully addressed your concerned, you are also entitled to contact the privacy commissioner of Alberta.

Office of the Information and Privacy Commissioner
Email: generalinfo@oipc.ab.ca
Phone: 1-888-878-4044
Mail: #410, 9925 - 109 Street NW, Edmonton, AB T5K 2J8