GenCAN
Gen-Clozapine ACCESS Network

Gen-Clozapine ACCESS Network™ FAX: **1-800-497-9592**

Proxy User Authorization and Confidentiality Agreement

Please provide the information requested below for the purpose of authorizing the Proxy User to have access to the Gen-Clozapine Accesss Network. If you have any questions, please contact us at 1-866-501-3338.
********** **Once Completed: Fax the form back to GenCAN at 1-800-497-9592** **********

SECTION 1 - PROXY INFORMATION (Please Print or type)

Language English

First Name _____ **Last Name** _____

Phone: _____ **Fax:** _____

Proxy's GenCAN ID: (if registered) _____

☐ ****check here if you are the Clozapine Coordinator and require ACCESS to all Patients' Information at this Facility.**

SECTION 2 – FACILITY Associated with Proxy

Facility Name : _____ **Address:** _____

City : _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

SECTION 3 - PHYSICIAN or PHARMACIST Associated with Proxy

Name of Physician or Pharmacist _____ **Name of Physician or Pharmacist** _____

Name of Physician or Pharmacist _____ **Name of Physician or Pharmacist** _____

SECTION 4 –PROXY'S SIGNATURE

The completion of this Authorization and Confidentiality agreement indicates my understanding that the information within the GenCAN database is confidential. I do hereby agree to report any abuse or misuse of this system to the Gen-Clozapine ACCESS Network.

Signed this _____ **day of** _____ **Signature:** X _____

Signature of Proxy User - named in SECTION 1

SECTION 5 – PROXY'S MANAGER INFORMATION

Name of Manager or Physician : _____ **Facility:** _____ **Phone:** _____

I hereby request that the individual named in SECTION 1 of this Form, to be provided access to the internet reporting system of the Gen-Clozapine ACCESS Network (GenCAN). I do attest that this individual is properly trained, qualified, and authorized to use the said system.

Furthermore, I attest that this individual currently manages the type of data that resides within the GenCAN database and understands that the information within the GenCAN database is confidential. I do hereby agree to report any abuse or misuse of this system to GenCAN. Also, I will contact GenCAN if this individual leaves this facility.

Signed this _____ **day of** _____ **Signature:** X _____

Authorized Manager's or Physician's Signature

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