CONFIDENTIALITY UNDERTAKING

PHARMACIST

I, _____ _____
Please print name as it appears on your College Certificate of Registration — Registration Number

_____
Street Address or Box Number

_____
City — Province — Postal Code

agree to access the PharmaNet clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

1. I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the *Health Professions Act, the Pharmacy Operations and Drug Scheduling Act* and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

2. I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the *Health Professions Act, the Pharmacy Operations and Drug Scheduling Act* and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.

3. I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.

4. I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.

5. I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

Signed at _____ this _____ day of _____ 20_____.

_____
Pharmacist's Signature

Send to: College of Pharmacists of British Columbia
200 - 1765 West 8th Avenue
Vancouver, BC V6J 5C6
Fax: 604.733.2493
Email: info@bcpharmacists.org

Copy: Pharmacist

Manager's Copy to be retained in the pharmacy accessible to College Representatives