



CONFIDENTIALITY UNDERTAKING

DESIGNATED NON-PHARMACIST OWNER, NON-PHARMACIST STORE MANAGER AND/OR DIRECTOR

For the purpose of this document, a Non-Pharmacist Pharmacy Owner, Non-Pharmacist Store Manager and/or Director of the corporation which owns a pharmacy, refers to such officers who, in exercising their corporate rights and responsibilities and by virtue of their presence in the pharmacy, may become privy to confidential clinical or patient information.

1. The Designated Non-Pharmacist Owner, Non-Pharmacist Store Manager and/or Director agrees at all times to treat as confidential any clinical or patient information of which they may become aware as a result of their corporate involvement or presence in the pharmacy 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.
2. The Designated Non-Pharmacist Owner, Non-Pharmacist Store Manager and/or Director agrees at all times, to treat as confidential all information relating to the security and management of PharmaNet and the in-pharmacy computer system.
3. The Designated Non-Pharmacist Owner, Non-Pharmacist Store Manager and/or Director agrees to adhere to all policies and procedures established by the pharmacy manager consistent with legislation, policies, or standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of a patient or to clinical information contained in the PharmaNet and the in-pharmacy computer databases.
4. The Designated Non-Pharmacist Owner, Non-Pharmacist Store Manager and/or Director agrees to be bound by the provisions of this agreement and will continue to do so following the relinquishing of ownership or other corporate office.

Designated Non-Pharmacist Owner, Non-Pharmacist Store
Manager and/or Director's Signature

Print Name

Manager's Signature

Print Name

Signed at _____ this _____ day of _____ 20 _____

Original: Pharmacy Manager

Copy: Designated Non-Pharmacist Owner, Non-Pharmacist Store Manager and/or Director

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