



CONFIDENTIALITY UNDERTAKING

SOFTWARE VENDOR / PHARMANET THIRD PARTY

Between:

Pharmacy Manager

Pharmacy Name

Pharmacare Code

Address

City

Province

Postal Code

And:

Pharmacy Software Vendor/Technician

Signing Officer Authorization

Address

City

Province

Postal Code

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Telephone Number

The Pharmacy Manager hereby authorizes the Pharmacy Software Vendor/Technician identified above, temporary custodial access to the in-pharmacy computer database and its supporting programs for purposes of program updates and maintenance or for off-site storage, under College approved conditions only.

The authorization is granted with the proviso that the Pharmacy Software Vendor/Technician and the authorized signing officer of the company employing the person named, understand and promise to abide by the following terms and conditions.

1. The Pharmacy Software Vendor or the employee thereof will not access or use any clinical or patient information for any purpose other than as stated above.
2. The Pharmacy Software Vendor or the employee thereof will at all times treat as confidential all information referred to in (1), and will not participate in or permit the unauthorized publication, release or disclosure of the same, and will continue to do so following the expiration of any contracts currently existing between themselves and the pharmacy names in this document.
3. The pharmacy Software vendor or the employee thereof will at all times treat as confidential all information relating to the security and management of PharmaNet and the in-pharmacy computer system and will continue to do so following expiration of any contracts currently existing between themselves and the pharmacy named in this document.
4. The Pharmacy Software Vendor or the employee thereof agrees to adhere to all policies and procedures issued by the pharmacy manager and/or owner consistent with all legislation, policies, procedures or standards issued by the College of Pharmacists of British Columbia, the Province of British Columbia or its Ministry of Health, related to the confidentiality, privacy or security of information.

Pharmacy Manager

Print Name

Authorized Representative of Software Vendor

Print Name

Signed at _____ this _____ day of _____ 20 _____.

Original: Pharmacy Manager

Copy: Pharmacy Software Vendor

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