



ACKNOWLEDGEMENT OF COMPLETION OF CONFIDENTIALITY PROCEDURES

I, _____
Please PRINT clearly your name as it appears on your College Certificate of Registration

Registration Number

Pharmacy Manager of _____

Pharmacy Name

PharmaCare Code

Pharmacy Address

City

Postal Code

have implemented procedures to ensure confidentiality and privacy of clinical and patient records.

Confidentiality undertakings have been signed by all listed below (Please check all that apply):

- Registrant** (Pharmacy managers are responsible for verifying completion of undertaking by registrants and may request a copy of each staff registrant's signed undertaking.)
- Pharmacy Designated Support Person** (Non-pharmacist who, under the direct supervision of a pharmacist, performs technical functions related to the dispensing, distribution or sale of drugs OR the operation of a pharmacy)
- Pharmacy Software Vendors** (Undertakings should be signed by the authorized representative or signing officer of the software vendor. All technical or helpdesk staff that may have access to your in-pharmacy computer.)

Please indicate your current pharmacy software vendor _____

- Non-Pharmacist Owners/Chief Signing Officers**

Signed at _____ this _____ day of _____ 20_____

Pharmacy Manager's Signature _____

Returning this signed document when the above procedures have not been implemented may constitute professional misconduct and could result in disciplinary action.

The College office must receive this form at least 10 business days prior to the proposed store opening.

Attention: Licensure Department

Phone: 604.733.2440 or 1.800.663.1940

Fax: 604.733.2493 or 1.800.377.8129

Email: licensure@bcpharmacists.org

Please keep a copy for the Pharmacy Manager (Manager's copy to be retained in the BC Pharmacy Practice Manual)