



## CONFIDENTIALITY UNDERTAKING

### DISPENSING PHYSICIAN ACKNOWLEDGEMENT OF COMPLETION

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I, \_\_\_\_\_ dispensing physician at

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Pharmacare Code

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Postal Code

have implemented procedures to ensure confidentiality and privacy of clinical and patient records. Confidentiality undertakings have been signed by all (Please check boxes):

- Designated support staff** (non-pharmacist who, under the direct supervision of a dispensing physician, performs technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy).
- Dispensing physician.**
- 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 system must sign the undertakings).

Current software vendor: \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Dispensing Physician's Signature

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

Original            PharmaNet Department  
(mail to):        College of Pharmacists of B.C.  
                      200 - 1765 West 8th Avenue  
                      Vancouver, BC V6J 5C6

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**Original: CPBC | Copy: Dispensing physician | Dispensing physician's copy accessible to College representatives**