



College of Pharmacists
of British Columbia

CONFIDENTIALITY UNDERTAKING

Name: _____
print full name

College of Pharmacists of British Columbia (the "College") registration number (if applicable): _____

I am a registrant / non-registrant. I acknowledge, understand and agree with the College, as follows:

1. In this agreement, the term "personal information" means information about an identifiable individual that is related to the individual's health or the provision of health services to the individual, and any other information about an identifiable individual, whether contained in the PharmaNet information system, in a pharmacy information system, or in any other written or oral form.
2. I acknowledge and understand that all personal information is confidential, and therefore agree not to access, collect, use, disclose, alter or delete any personal information, or knowingly permit any of these actions in relation to personal information, except: (a) as necessary to perform my duties or functions in relation to the pharmacy; or (b) as expressly authorized by any one or more of the *Health Professions Act*, *Pharmacy Operations and Drug Scheduling Act*, bylaws of the College, and any applicable policies, procedures or standards of the BC Ministry of Health.
3. If I have access to the PharmaNet information system or pharmacy information system, I agree to keep confidential all information relating to the security and management of the PharmaNet information system and any pharmacy information system. Without limiting this, I must not disclose to anyone, or permit anyone's use of, any user-name or password that I may have for either system.
4. If I am a pharmacy manager, I also agree not to permit any non-registrant to have access to personal information other than as necessary to perform their duties or functions in relation to the pharmacy or to perform contracted services, and further agree to cause the service provider to enter into a written agreement to be bound by paragraphs 1, 2, 3, 5, 6 and 7 before permitting access to any system or personal information.
5. I agree to comply with all policies and procedures established by the pharmacy manager or pharmacy owner, or both, relating to the matters described in paragraphs 2 and 3 (to the extent they are consistent with the statutes, bylaws, policies, procedures or standards mentioned in paragraph 2).
6. I acknowledge that, if I violate this agreement, any information system privileges I possess may be terminated without notice. I acknowledge that, if I am a College registrant, my violation of this agreement may result in College disciplinary action against me.
7. I agree to remain bound by the terms of this agreement after my employment or other connection to the pharmacy ends for any reason.

Pharmacy Manager Signature

Print Name

Your Signature

Print Name

Signed at _____ this _____ day of _____ 20 _____.

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 778-330-0969.



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In this document:

“non-registrant” means a person who is not registered as a pharmacist or pharmacy technician with the College. Depending on their role in a pharmacy, they may or may not perform any technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy but, by virtue of their presence in the pharmacy, may become privy to confidential clinical or patient information;

“pharmacy owner” means an individual who is either a registrant or who is a direct owner or an indirect owner as defined under the *Pharmacy Operations and Drug Scheduling Act* and who, in exercising their corporate rights and responsibilities and, by virtue of their presence in the pharmacy, may become privy to personal information;

“registrant” means a full pharmacist, limited pharmacist, temporary registrant, student pharmacist or pharmacy technician who is a registrant of the College as provided under the College’s bylaws and the *Health Professions Act*.

***A copy of this document must be retained in the pharmacy and be made available to the College upon request.
Do not send a copy to the College unless requested.***