



CONFIDENTIALITY UNDERTAKING

PHARMACY DESIGNATED SUPPORT PERSON

For the purpose of this document, a support person means "a 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 and has been so designated by a pharmacy manager and reported as such to the Registrar of the College of Pharmacists of British Columbia".

I, _____, Manager of
First Name (please print) Middle Initial(s) Last Name

Pharmacy Name

Pharmacare Code

Pharmacy Address

City/Province

Postal Code

hereby authorize **Support Person** _____ to access the PharmaNet clinical and patient database through my in-pharmacy computer system, on the following terms and conditions:

1. The Designated Support Person will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer database for any purpose other than performing clerical functions related to the maintenance of in-pharmacy computer system data under the direct supervision of a pharmacist.
2. The Designated Support Person at all times to treat as confidential all information referred to in paragraph (1) 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 circumstance 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.
3. The Designated Support Person agrees at all times, to treat as confidential all information relating to the security and management of PharmaNet and the in-pharmacy computer database for any reason.
4. The Designated Support Person agrees to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
5. The Designated Support Person agrees to adhere to all policies and procedures issued by the pharmacy manager and/or owner, consistent with legislation, policies, procedures 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 the patient or to clinical information contained in the PharmaNet database and the in-pharmacy computer database.

Pharmacy Manager's Signature

Print Name

Designated Support Person's Signature

Print Name

Signed at _____ this _____ day of _____ 20_____.

Original: Pharmacy Manager

Copy : Designated Support Person

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