



# CONFIDENTIALITY UNDERTAKING

## PHARMACY NON-DESIGNATED SUPPORT PERSON

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For the purpose of this document, a non-designated support person means "a non-registrant who, may or may not be under the direct supervision of a pharmacist and does **not** perform any technical functions related to the dispensing, distribution or sale of drugs or the operation of a pharmacy and by virtue of their presence in the pharmacy, may become privy to confidential clinical or patient information".

1. The Non-Designated Support Person will **not** access **nor** use any clinical or patient information in the PharmaNet database or the in-pharmacy computer database for any purpose.
2. The Non-Designated Support Person agrees at all times to treat as confidential any clinical or patient information of which they may become aware as a result of their presence in the pharmacy and will **not** participate in **nor** permit the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstance.
3. The Non-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 Non-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.
5. The Non-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.

\_\_\_\_\_  
Pharmacy Manager's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Non-Designated Support Person's Signature

\_\_\_\_\_  
Print Name

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

Original: Pharmacy Manager  
Copy : Non-Designated Support Person

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