CONFIDENTIALITY UNDERTAKING

DISPENSING PHYSICIAN

I, _____ _____
Please Print Name Practitioner ID

_____ _____ _____
Street Address or Box Number City/Province Postal Code

agree that my access to the PharmaNet clinical and patient database through my clinic computer system shall be on the following terms and conditions:

1. I 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 those 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, or as required in my capacity as a physician in the rendering of medical care to the patient.

2. I agree 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 or as mandated by other statutes or court orders.

3. I agree, at all times, to treat as confidential all information relating to the security and management of PharmaNet and my clinic computer system.

4. I agree to be bound by the provisions of this agreement and will continue to do so following retirement from practice for any reason.

5. I agree to comply with all legislation, policies, procedures, and 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 clinical information contained in the PharmaNet database and my clinic computer database.

6. I acknowledge that the above undertakings are in addition to and in no way detract from my responsibilities and obligations as a physician, as defined in the *Medical Practitioners Act* (as amended), the rules made under the *Medical Practitioners Act*, the code of ethics and the rules, policies, and procedures as defined from time to time by the College of Physicians and Surgeons of British Columbia.

Signed at _____ this _____day of _____ 20_____

_____
Dispensing Physician's Signature

Original (mail to): PharmaNet Coordinator
College of Pharmacists of B.C.
200 – 1765 West 8th Avenue
Vancouver, BC V6J 5C6
Fax: 604.733.2493
Email: info@bcpharmacists.org

Copy: Dispensing physician | Dispensing physician's copy to be retained in the clinic, accessible to College Representatives