



# CONFIDENTIALITY UNDERTAKING

## DISPENSING PHYSICIAN DESIGNATED SUPPORT PERSON

For the purpose of this document, a support person means “a non-physician 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 and has been so designated by the dispensing physician.”

I, \_\_\_\_\_, physician of  
First Name (please print) Middle Initial(s) Last Name

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

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

\_\_\_\_\_  
City/Province

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

hereby authorize (**Support Person**) \_\_\_\_\_  
to access the PharmaNet clinical and patient database through my clinic 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 clinic computer database for any purpose other than performing clerical functions related to the maintenance of the clinic computer system data under the direct supervision of the dispensing physician.
2. The designated support person agrees 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 circumstances 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 clinic computer system.
4. The designated support person agrees to be bound by the provision of this agreement and will continue to do so following termination of employment in the clinic for any reason.
5. The designated support person agrees to adhere to all policies and procedures established by the physician, 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 and clinic computer databases.

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

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

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

**Original: Dispensing physician | Copy: Designated support person | Dispensing physician's copy to be retained in the clinic, accessible to College Representatives**