



# CONFIDENTIALITY UNDERTAKING

## DISPENSING PHYSICIAN SOFTWARE VENDOR PHARMANET THIRD PARTY

Between:

\_\_\_\_\_   
Dispensing Physician Name

\_\_\_\_\_   
Address

\_\_\_\_\_   
City Province Postal Code

And:

\_\_\_\_\_   
Pharmacy Software Vendor/Technician

\_\_\_\_\_   
Signing Officer Authorization

\_\_\_\_\_   
Address City Province Postal Code

( ) \_\_\_\_\_   
Telephone Number

The dispensing physician hereby authorizes the software vendor/technician identified above, temporary custodial access to the local computer database and its supporting programs for purposes of program updates and maintenance or for off-site storage, under College of Pharmacists of B.C. approved conditions only. Authorization is granted with the proviso that the software vendor/technician and the authorized signing officer of the company employing the person named understand and promise to abide by the following:

1. The software vendor or the employee thereof will not access or use any clinical or patient information for any purpose other than as stated above.
2. The software vendor or the employee thereof will at all times treat as confidential all information referred to in (1), and will not participate in or permit the unauthorized publication, release or disclosure of the same, and will continue to do so following the expiration of any contracts currently existing between themselves and the names in this document.
3. The software vendor or the employee thereof will at times treat as confidential all information relating to the security and management of PharmaNet and the local computer system and will continue to do so following expiration of any contracts currently existing between themselves and the dispensing physician named in this document.
4. The software vendor or the employee thereof agrees to adhere to all policies and procedures issued by the clinic and/or owner consistent with all legislation, policies, procedures or standards issued by the College of Pharmacists of British Columbia, the Province of British Columbia or its Ministry of Health, related to the confidentiality, privacy or security of information.

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

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

\_\_\_\_\_  
Authorized Representative of Software Vendor

**Original: Dispensing physician | Copy: Software vendor | Dispensing physician's copy accessible to College representatives**