



CONFIDENTIALITY UNDERTAKING

DISPENSING PHYSICIAN ACKNOWLEDGEMENT OF COMPLETION

I, _____ dispensing physician at

Name of Clinic

Pharmacare Code

Clinic Address

Postal Code

have implemented procedures to ensure confidentiality and privacy of clinical and patient records. Confidentiality undertakings have been signed by all (Please check boxes):

- Designated support staff** (non-pharmacist 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).
- Dispensing physician.**
- Software vendors** (Undertakings should be signed by the authorized representative or signing officer of the software vendor. All technical or helpdesk staff that may have access to your in-pharmacy computer system must sign the undertakings).

Current software vendor: _____

Signed at _____ this _____ day of _____ 20 _____.

Dispensing Physician's Signature

Returning this signed document when the above procedures have not been implemented may constitute professional misconduct and could result in disciplinary action.

Original (mail to): PharmaNet Coordinator
College of Pharmacists of B.C.
200 - 1765 West 8th Avenue
Vancouver, BC V6J 5C6

Original: CPBC | Copy: Dispensing physician | Dispensing physician's copy accessible to College representatives