



**UNDERTAKING OF CONFIDENTIALITY AND SECURITY BY  
PERSON ACCESSING PHARMANET ON A PRACTITIONER’S BEHALF**

\_\_\_\_\_ (“PRACTITIONER”) has entered into an agreement (“Agreement”) with Her Majesty the Queen in Right of the Province of British Columbia, as represented by the Minister of Health, to access the provincial computerized system, network and databases known as “PharmaNet”.

I, \_\_\_\_\_, am a person directly supervised by the Practitioner. My employment duties for the Practitioner require me to access PharmaNet and information from PharmaNet to facilitate direct health care services provided by the Practitioner to his/her patients. By signing this agreement, I agree that I will:

1. access PharmaNet or use PharmaNet information only to facilitate the delivery of direct patient health care services by the Practitioner;
2. only access PharmaNet as directed by the Practitioner;
3. maintain all information I access on PharmaNet, or that is otherwise disclosed to me from PharmaNet, in strict confidence;
4. complete all training required by the practice’s PharmaNet software vendor and the Ministry of Health before accessing PharmaNet.

I agree that I will not:

5. disclose PharmaNet information for any purpose other than direct patient care, except as consented to by the patient in writing and directed by the Practitioner;
6. permit any person to use any user IDs or passwords provided to me to access PharmaNet;
7. reveal, share or compromise any user IDs or passwords for PharmaNet;
8. use, or attempt to use, the ID or password of any other person to access PharmaNet;
9. take any action that might compromise the integrity of PharmaNet, its information, or the provincial drug plan, such as altering information or submitting false information;
10. test the security related to PharmaNet.

I understand that my access to PharmaNet and use of information from PharmaNet are governed by the *Pharmaceutical Services Act* and I will comply with all my duties under that Act. I also understand that the Minister of Health may, in writing and from time to time, set further limits and conditions in respect of personal information disclosed from PharmaNet and that I must comply with them.

I will not attempt to access PharmaNet from any location other than the practice site of the Practitioner.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED AND DELIVERED by

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

In the presence of witness:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: This document must be retained on site at the community health practice premises.**