



UNDERTAKING TO COMPLETE CONFIDENTIALITY PROCEDURES FOR HOSPITAL ACCESS TO PHARMANET

I, _____, and I, _____
Chief Executive Officer or Chief Operating Officer *Hospitals' Individual Having Medical Responsibility*

at ("the Hospitals") [list name of facilities and their physical geographical address below]

confirm that we will implement Hospital Access to PharmaNet using the following Software Support Organization:

Name of Software Support Organization to provide software and services to access PharmaNet

confirm that we will have implemented procedures to ensure confidentiality and privacy of clinical and patient records prior to deployment of Hospital Access to PharmaNet in any of the Hospitals.

Specifically, we will have:

- obtained signed PharmaNet Confidentiality Undertakings for all persons authorized to access PharmaNet information within the Hospitals;
- become familiar with the terms and conditions of the Data Access Agreement between the Health Authority and the Ministry of Health Services and the latest version of the PharmaNet Professional and Software Compliance Standards (Hospital);
- documented policy and procedures related to PharmaNet access which are in compliance with the terms and conditions of the Data Access Agreement between the Health Authority and the Ministry of Health Services and the latest version of the PharmaNet Professional and Software Compliance Standards (Hospital);
- implemented audit log monitoring of accesses to PharmaNet data to identify potential unauthorized accesses and have the processes and procedures in place to investigate and report unauthorized accesses to PharmaNet;
- provided adequate training regarding the confidentiality policies and procedures referred to above for all persons authorized to access PharmaNet data;
- displayed a poster visible to patients to appropriately inform patients of the purpose, authority, and intent of accessing PharmaNet data;
- implemented patient consent requirements according to the latest version of the Hospital Access to PharmaNet Professional and Software Compliance standards (Hospital);
- completed an implementation Privacy Impact Assessment for the Hospital Access to PharmaNet.
- prepared material, to be available to any members of the public who request more information regarding access to PharmaNet occurring within the Hospitals;
- appointed hospital staff member(s) who are able to respond to questions regarding access to PharmaNet within the Hospitals.

We agree that, when Hospital Access to PharmaNet is deployed, the Hospitals will use only the following transactions:

- TID – View patient demographic information
- TIP – View prescriber identification
- TRP – View full 14 month patient medication profile.
- TRR – View the 15 most recent filled prescriptions.

We agree that, when Hospital Access to PharmaNet is deployed, the Hospitals will only allow remote access to personal information in PharmaNet by Software Support Organizations from within Canada and for the purposes of supporting the software.

We agree that the Hospitals will abide by Ministry wireless access policies and procedures as documented in the latest version of the OCIO Wireless Standards (http://www.cio.gov.bc.ca/local/cio/standards/documents/standards/standards_manual.pdf) and will complete the Attestation of Compliance with the Government of British Columbia Wireless Standards Agreement.

We undertake to permit the members of the Ministry of Health Services, Health Sector Information Management and Information Technology Compliance Team to perform unannounced audits and inspections at the premises of the Hospitals, or at any other premises where records relating to PharmaNet access are maintained, in order to verify compliance with the terms of this document.

Signed at _____, this _____ day of _____, 20 ____.

Signature of Hospitals' Chief Executive Officer / Chief Operating Officer

Signature of Witness

Print Name of Hospitals' Chief Executive Officer / Chief Operating Officer

Print Name of Witness

Signed at _____, this _____ day of _____, 20 ____.

Signature of Hospitals' Individual Having Medical Responsibility

Signature of Witness

Print Name of Hospitals' Individual Having Medical Responsibility

Print Name of Witness

Three ways to submit the completed, signed and dated form:

Scan & Email: hlth.hnetconnection@gov.bc.ca

Fax: 250-952-1119

Mail: Data Access, Research and Stewardship
Ministry of Health
PO Box 9640 STN PROV GOVT

Original: Data Access, Research and Stewardship

Copy 1: Chief Executive Officer/Chief Operating Officer

Copy 2: Person having Medical responsibility for facilities

CONTACT PERSON INFORMATION

Name	Email
Phone	Fax