



THIRD PARTY CONFIDENTIALITY UNDERTAKING

Between:

Medical Device Distributor Site Manager ("the Manager") Medical Device Distributor Name
Medical Device Distributor Site Address ("the Distributor Site") MDD Contact Telephone No.

And:

Software Vendor Technician Name ("the Technician") Software Vendor Company Name ("the Software Vendor")
Software Vendor Company Address Software Vendor Telephone No.

The Manager hereby authorizes the Technician identified above temporary custodial access to the computer database and its supporting programs in the Distributor Site for the purposes of PharmaNet program updates and maintenance.

The authorization is granted with the proviso that the Software Vendor employing the Technician and the Technician understand and promise to abide by the following terms and conditions:

- 1. The Software Vendor and the Technician will not access or use any clinical or patient information for any purpose other than as stated above.
2. The Software Vendor and the Technician will at all times treat as confidential information referred to in (1), and will not participate in or permit the unauthorized publication, release or disclosure of same, and will continue to do so following the expiration of any contracts currently existing between themselves and the Medical Device Distributor named in this document.
3. The Software Vendor and the Technician will at all times treat as confidential all information relating to the security and management of PharmaNet and the computer system within the PharmaCare Access Site, and will continue to do so following the expiration of any contracts currently existing between themselves and the Medical Device Distributor named in this document.
4. The Software Vendor and the Technician agree to adhere to all policies and procedures issued by the Medical Device Distributor or the Manager 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 AND DELIVERED BY IN THE PRESENCE OF
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF SOFTWARE VENDOR DATE SIGNED PHONE NUMBER WITNESS SIGNATURE DATE SIGNED PHONE NUMBER
PRINT NAME OF AUTHORIZED REPRESENTATIVE OF SOFTWARE VENDOR PRINT NAME OF WITNESS
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