
**Undertaking of Confidentiality and Acknowledgment of Disclaimer
by Physician
for
Designated Mental Health Facility Access to PharmaNet**

BACKGROUND:

- A. Her Majesty the Queen in Right of the Province of British Columbia, as represented by the Ministry of Health (“the Province”) has agreed to allow _____ [*list name of facilities and their physical geographic address here*] (“the Facilities”) access to the provincial computerized pharmacy network and database known as “PharmaNet”.
- B. Medical practitioners, pharmacists, and persons authorized by medical practitioners are permitted to access PharmaNet from the Facilities for the purposes of providing therapeutic care or treatment to patients.

UNDERTAKING:

I, _____, am a physician working in one or more of the Facilities.

I hereby acknowledge that I agree with the following statements and undertakings:

1. I am a physician registered and authorized by the College of Physicians and Surgeons of British Columbia to practice medicine in British Columbia.
2. I have read, understood, and will comply with:
 - (a) the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c.363, or the *Pharmacy Operations and Drug Scheduling Act*, S.B.C. 2003, c.77 should it be proclaimed in force;
 - (b) the *Access to PharmaNet Patient Record Information Regulation*, B.C. Reg. 537/04 and any regulations that may be enacted from time to time pursuant to the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c.363, or the *Pharmacy Operations and Drug Scheduling Act*, S.B.C. 2003, c.77 should it be proclaimed in force;
 - (c) the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165 and the *Personal Information and Privacy Act*, S.B.C. 2003, C. 63; and
 - (d) the Ministry of Health publication “PharmaNet Professional and Software Compliance Standards” (“the Standards”).
3. I will access PharmaNet only for the purpose of providing therapeutic treatment or care to persons with whom I have a physician-patient relationship, and only if the purpose and manner of access is consistent with the Standards.

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4. I may authorize one or more persons (“Authorized Persons”) to access PharmaNet only if:
 - (a) the Authorized Person is under my direct supervision;
 - (b) the Authorized Person requires access to PharmaNet for the purposes of carrying out the person’s employment or other duties in one or more of the Facilities;
 - (c) the purpose of the access to PharmaNet by the Authorized Person is to provide therapeutic care or treatment to persons with whom I have a physician-patient relationship,
 - (d) the purpose and manner of the access to PharmaNet by the Authorized Person is consistent with the Standards; and
 - (e) the Authorized Person has signed an Undertaking of Confidentiality and Acknowledgment of Disclaimer.
5. I will maintain all information accessed by me or disclosed to me from PharmaNet in confidence, unless I am required to disclose the information:
 - (a) for the purposes of providing therapeutic care or treatment to a patient; or
 - (b) by law.
6. I will protect all information accessed by me or disclosed to me from PharmaNet by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal of information, files or records containing information from PharmaNet.
7. I will not:
 - (a) permit any person to use any user IDs or passwords provided to me to access PharmaNet;
 - (b) divulge, share or compromise any user IDs or passwords;
 - (c) use or attempt to use the user ID or password of any other person;
 - (d) test or examine the security related to PharmaNet;
 - (e) take any action that might reasonably be construed as altering, destroying, or rendering ineffective any information contained within PharmaNet;
 - (f) alter the format or content of a print or display of any information contained within PharmaNet;
 - (g) use a personal digital assistant to access PharmaNet; or
 - (h) access PharmaNet using Designated Mental Health Facility Access to PharmaNet from any location other than the Facilities.

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8. If an inspection reveals that I am in breach of the terms of this Undertaking, in addition to any legal remedy that the Province may have against me:
- (a) the Province may notify the College of Physicians and Surgeons of British Columbia in respect of any suspected inappropriate access to PharmaNet by me; and
 - (b) my authority to access PharmaNet may be terminated in the sole discretion of the Province.
9. I understand that:
- (a) information obtained from PharmaNet is intended as a supplement to, rather than a substitute for, the knowledge, expertise, skill and judgement of health care professionals; and
 - (b) information on PharmaNet is not exhaustive and therefore cannot be relied upon as complete. The absence in PharmaNet of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate, or effective for any given patient.

Signed at _____, British Columbia, this ____ day of _____, 20__.

SIGNED AND DELIVERED BY:

IN THE PRESENCE OF:

Signature of Physician

Signature of Witness

Print Name of Witness

Address and Telephone Number
of Physician

Address and Telephone Number
of Witness