

## Medical Device Distributor Claims Access to PharmaNet ACKNOWLEDGEMENT OF COMPLETION OF CONFIDENTIALITY PROCEDURES

("the Distrib	utor"):
(	name of Medical Device Distributor as enrolled with PharmaCare
("Distributor	Site"): street address and name (if different than Distributor name) of Medical Device Distributor site – must be in British Columbia
	street address and harrie in different than distributor harrie, of Medicar Device distributor site – mast be in different columbia
l,	, Chief Executive Officer or other senior officer of the Distributor
r	ame of CEO or other senior officer of the Distributor
and I,	
	me of person having supervisory responsibility at the Distributor site title of person having supervisory responsibility

have implemented procedures to ensure confidentiality and privacy of PharmaNet and PharmaNet patient records.

## We acknowledge that we have:

- obtained signed PharmaNet Confidentiality Undertakings for all persons authorized to access PharmaNet information within the Distributor Site:
- become familiar with the terms and conditions of the British Columbia Professional and Software Conformance Standards:
   Electronic Health Information Exchange for PharmaNet, as published by the Province at https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards (the "Standards") and the PharmaCare Policy Manual ("the Policies and Procedures") (https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/software/conformance-standards);
- documented policy and procedures related to PharmaNet access which are in compliance with the terms and conditions of the Policies and Procedures and the Standards;
- provided adequate training regarding the confidentiality policies and procedures referred to above for all persons authorized to access PharmaNet at the Distributor Site;
- agreed to only use the following claims transactions for Distributor access to PharmaNet:
  - 1. Adjudicate claims submission, reversal and re-transmission of a claim, for example, the TRP
  - 2. View own previous transactions
  - 3. View store totals
  - 4. Input a Personal Health Number and verify the claim will be submitted for the correct person
- **Note:** Medical Device Distributors will not be able to perform the following tasks:
  - 1. Update personal information such as keywords, address, or profile information
  - 2. Create Personal Health Numbers
  - 3. View prescriber information
  - 4. Enter in a partial name and retrieve a list of similar names
  - 5. View First Data Bank drug monograph information
  - 6. Modify or view eligibility records (software vendors are not able to submit this transaction)
  - 7. Profile mailing request

- agreed to allow PharmaNet Software Vendors/Software Support Organizations to access PharmaNet and personal information in or from PharmaNet only as permitted under section 6 of the Information Management Regulation (B.C. Reg. 74/2015);
- prepared informational material to be available to members of the general public who request more information regarding Distributor access to PharmaNet;
- appointed Distributor employee(s) who are able to respond to questions regarding Distributor access to PharmaNet.

We further undertake to permit the members of the Ministry of Health, Health Sector IM/IT Compliance Team to perform unannounced audits and inspections at the Distributor Site, or at any other premises where records relating to Distributor access to PharmaNet are maintained, in order to verify compliance with the terms of this document.

We acknowledge that failure to comply with the above procedures and requirements at any time may result in the immediate termination of Distributor access to PharmaNet, in the sole discretion of the Ministry of Health.

SIGNED AN	D DELIVERED BY	IN THE PRESENCE OF		
Signature of Manager	Date Signed	Witness Signature	Date Signed	
	Phone Number		Phone Number	
Print Name of Chief Executive Officer		Print Name of Witness		
Business Mailing Address of Chief Execut	tive Officer	Address		
Email Address of Chief Executive Officer				
Signature of Manager	Date Signed	Witness Signature	Date Signed	
	Phone Number		Phone Number	
Print Name of Manager		Print Name of Witness	Print Name of Witness	
Business Mailing Address		Address	Address	
Email Address of Manager				

## 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

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Victoria BC V8W 9P1

HelpDesk: (250) 952-1234