



UNDERTAKING TO COMPLETE CONFIDENTIALITY PROCEDURES FOR DESIGNATED MENTAL HEALTH FACILITY ACCESS TO PHARMANET

I, \_\_\_\_\_, Chief Executive Officer or Chief Operating Officer, and I, \_\_\_\_\_, Individual Having Medical Responsibility

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

confirm that we will implement Designated Mental Health Facility 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 Designated Mental Health Facility Access to PharmaNet in any of the Facilities.

Specifically, we will have:

- obtained signed PharmaNet Confidentiality Undertakings for all persons authorized to access PharmaNet information within the Facilities;
• 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) and the latest version of the OCIO Wireless Standards;
• 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 PharmaNet Professional and Software Compliance Standards (Hospital);
• completed an implementation Privacy Impact Assessment for the Designated Mental Health Facility 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 Facilities;
• appointed facility staff member(s) who are able to respond to questions regarding access to PharmaNet within the Facilities.

We agree that, when Designated Mental Health Facility Access to PharmaNet is deployed, the Facilities 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 Designated Mental Health Facility Access to PharmaNet is deployed, the Facilities 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 Facilities 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](http://www.cio.gov.bc.ca/local/cio/standards/documents/standards/standards_manual.pdf)) as well as completing 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's Compliance Team to perform unannounced audits and inspections at the premises of the Facilities, 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 Facilities' Chief Executive Officer / Chief Operating Officer*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Print Name of Facilities' Chief Executive Officer / Chief Operating Officer*

\_\_\_\_\_  
*Print Name of Witness*

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

\_\_\_\_\_  
*Signature of Facilities' Individual Having Medical Responsibility*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Print Name of Facilities' 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](mailto:hlth.hnetconnection@gov.bc.ca)

Fax: 250-405-3628

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