



# 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](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*  
 \_\_\_\_\_  
*Print Name of Hospitals' Chief Executive Officer / Chief Operating Officer*

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

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

\_\_\_\_\_  
*Signature of Hospitals' Individual Having Medical Responsibility*  
 \_\_\_\_\_  
*Print Name of Hospitals' Individual Having Medical Responsibility*

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