



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

("the Distributor"): _____
name of Medical Device Distributor

("Distributor Site"): _____
site street address and name (if different than Distributor name) of Medical Device Distributor site

I, _____, Chief Executive Officer or other senior officer of the Distributor
name of CEO or other senior officer of the Distributor

and I, _____, _____,
name of person having supervisory responsibility at the Distributor site title of person having supervisory responsibility

have implemented procedures to ensure confidentiality and privacy of 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 Medical Device Distributor Claims Access to PharmaNet Policies and Procedures ("the Policies and Procedures") and the latest version of the Common Volumes and Volumes 2 and 3 (Pharmacy) of the PharmaNet Professional and Software Compliance Standards ("the Standards"), limited to the relevant set of claims transactions (as identified below);
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
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 only allow remote access to personal information in PharmaNet by Software Support Organizations from within Canada and only for the purposes of supporting the software;
- 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 AND DELIVERED BY		IN THE PRESENCE OF	
SIGNATURE OF CHIEF EXECUTIVE OFFICER	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 EXECUTIVE 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	
BUSINESS MAILING ADDRESS OF MANAGER		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
 PO Box 9640 STN PROV GOVT
 Victoria BC V8W 9P1

HelpDesk: (250) 952-1234