



EMERGENCY DEPARTMENT ACCESS TO PHARMANET
ACKNOWLEDGEMENT OF COMPLETION
OF CONFIDENTIALITY PROCEDURES

I, _____, and _____,
Chief Executive Officer or Chief Operating Officer Chief of Emergency Department

at _____,
Name of Hospital Hospital Address

have implemented procedures to ensure confidentiality and privacy of clinical and patient records, and confirm that we will implement Emergency Department Access to PharmaNet using the following Software Support Organization:

Name of Software Support Organization to provide software and services to access PharmaNet

We undertake that we have:

- obtained signed confidentiality undertakings or pledges of confidentiality for all hospital employees authorized to access PharmaNet information in the emergency department;
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 and the latest version of the Data Access Services Professional and Software Compliance Standards;
provided adequate training regarding the confidentiality policies and procedures referred above, for all physicians, nurses, and clerical staff authorized to access PharmaNet data;
displayed a sign in the emergency department to appropriately inform patients of the purpose, authority, and intent of accessing PharmaNet data;
provided information material for the general public who request more information regarding an emergency department's access to PharmaNet;
appointed emergency department staff members who are able to respond to questions regarding this access;
obtained signed confidentiality undertakings with technical support staff who may have access to PharmaNet data through the course of their duties;
become familiar with the terms and conditions of the Data Access Agreement between the Health Authority and the Ministry of Health and the latest version of the Data Access Services Professional and Software Compliance Standards.

We further undertake to permit the HealthNetBC Compliance Team to perform unannounced audits and inspections to verify compliance with the terms of this undertaking.

Signature of Chief Executive Officer / Chief Operator

Date Signed

Signature of Witness

Print Name of Witness

Signature of Chief of Emergency Department

Date Signed

Signature of Witness

Print Name of Witness

CONTACT PERSON INFORMATION

Form with fields for Name, Email, Phone, and Fax.

Three ways to submit the completed, signed and dated form:
Scan & Email: hlth.hnetconnection@gov.bc.ca
Fax: 250-405-3628
Mail: Data Access, Research and Stewardship
Ministry of Health
PO Box 9640 STN PROV GOVT
Victoria BC V8W 9P1

Important Note: Returning this signed document when the above procedures have not been completed may result in the immediate termination of access to Ministry of Health products and services.