

"PROPOSED"
PLEDGE OF CONFIDENTIALITY FOR EMPLOYEES
OF _____ PHARMACY
PURSUANT TO SECTION 7 OF THE REGULATION OF
THE PERSONAL HEALTH INFORMATION ACT

I am employed by _____ Pharmacy (the "Pharmacy") as a _____ (the "Employee"). The Pharmacy is owned and/or operated by a Pharmacist(s), namely _____ (the "Pharmacist").

I recognize that health information is personal and must be protected and I recognize that customers need access to their own health information. I understand that the Pharmacist is charged with the control and protection of health information at the Pharmacy, including prescription information and other personal health information which may be included in the drug program information network (DPiN) system pursuant to the provisions of The Personal Health Information Act (the "Act"). I recognize that the Pharmacist has certain obligations regarding the collection, protection, use, destruction and disclosure of the personal health information of customers contained in prescriptions pursuant to the provisions of the Act. The purpose of this Pledge of Confidentiality is to recognize the right of every customer to privacy, to protect that right to the greatest extent possible and to comply with the provisions of the Act and the provisions of the Personal Health Information Regulations (the "Regulations"), including Section 7 thereof, a copy of which is attached hereto as Schedule "A".

I acknowledge that I am bound by the security policy and procedures established by the Pharmacist regarding the security of personal health information during its collection, use, disclosure, storage and destruction and that I am familiar with the current security policies and procedures of the Pharmacist. I further acknowledge that I am bound by the policies and procedures established from time to time by the Pharmacist regarding the recording of any security breaches and the corrective procedures implemented to address the security breaches. I am aware of the consequences of breaching the security policies and procedures established by the Pharmacist and that a breach of the policies and procedures and/or the Act can be an offence under the Act, carrying a penalty on conviction of a fine in an amount not more than \$50,000.00. I acknowledge that any information that an employee learns, either from the customer's prescription or from observations or communications with the customer or Pharmacist, is strictly confidential. I am under a duty not to divulge such information to anyone except as is reasonably necessary to accomplish the purpose for which the personal health information has been collected by the Pharmacy or Pharmacist. Any disclosure made to a person or persons other than as above stated or without the express consent of the customer or except as permitted by law, including the Act and Regulations, constitutes misconduct and breach of this duty.

I acknowledge and agree that my duty to maintain confidentiality regarding personal health

information and confidential information extends to both external and internal disclosure. For example, discussing the contents of a customer's prescription or information regarding a customer's DPIN profile with a co-worker or individual who has no involvement in providing services necessary to accomplish the purpose for which the personal health information has been collected may be considered a breach of confidentiality. Disclosure of such confidential information or breach of the policy and procedures established by the Pharmacist from time to time can be grounds for discipline up to and including dismissal.

If I am in doubt as to whether certain information is confidential, I agree not to disclose such information without first asking the Pharmacist. I have read and understand the content of this Pledge of Confidentiality and agree to honour its terms. I do hereby agree that I will comply with the provisions of the Act and Regulations and the security policy and procedures established by the Pharmacist and I further agree that I will not, without due authority in that behalf, disclose or make known any confidential personal health information which comes to my knowledge by reason of my employment with the Pharmacy.

DATED this _____ day of _____, 19____.

Witness

Employee