



Newfoundland and Labrador Pharmacy Network Pharmacy Assistant Password Agreement

BETWEEN:

The Newfoundland and Labrador Centre for Health Information represented by the Chief Information Officer or designate (hereinafter referred to as the "Centre")

AND:

Assistant's Name

Name and Business Address of Pharmacy

City / Town

Postal Code

Business Telephone Number

Business Fax Number

Assistant's Personal Email Address

This information will be retained by the Centre for Health Information and used to administer your password and to contact you regarding the use of your password.

This Agreement governs the use of the Newfoundland and Labrador Pharmacy Network operated by the Centre, irrespective of the dispensing system used to access the Pharmacy Network.

This Agreement must be read together with the following:

1. The Pharmacy Network User Guide and online information on the Pharmacy Network, as provided to the undersigned by the Centre for Health Information;
2. The *Pharmacy Act*, SNL2012, c. P-12.2 and regulations;
3. The *Personal Information and Protection of Electronic Documents Act* 2000, c. 5, and regulations;
4. The *Personal Health Information Act*, SNL 2008, c. P-7.01 and regulations;
5. The standards of practice, policies and guidelines of the Newfoundland and Labrador Pharmacy Board and,
6. The 'information policies and procedures' established by your employer.

PART A: CONFIDENTIALITY AND ACCEPTABLE USE

Acceptable Use: You agree to not access, collect, use, or disclose any clinical or other patient information maintained in the Pharmacy Network, for any purpose or in any way other than those authorized by and under the direction and supervision of a registered, licensed pharmacist. You agree that you will not use the Pharmacy Network for an illegal or improper purpose, or take steps that would have a negative impact on the security, integrity or functioning of the Pharmacy Network .

Confidentiality: You agree to treat as confidential all information collected, used and disclosed in association with the Pharmacy Network, whether verbal and written, and will not participate in or permit the unauthorized release, publication or disclosure of that information to any person, corporation or other entity under any circumstances except as authorized by and under the direction and supervision of a registered, licensed

pharmacist. You agree to treat as confidential all information relating in any way to the security and management of the Pharmacy Network.

PART B: PASSWORDS

Passwords: You agree to keep your password absolutely confidential; it is for your use alone. You will not tell anyone else what your password is. You must carefully read the password information in the Pharmacy Network User Guide. You recognize accepting a password gives authorized access to confidential electronic information.

If Your Password Becomes Known: If you suspect that someone else knows your password you must notify the Centre's Service Desk at 1-877-752-6006 or in person at 70 O'Leary Avenue, St. John's as soon as possible (and in any case within 24 hours after learning or suspecting such loss or use) and follow the instructions given to you by the Centre.

Responsibility for Losses: You are responsible for any and all uses of the Pharmacy Network associated with your password.

PART C: OTHER

The Centre for Health Information may immediately notify your Pharmacist-in-Charge without prior notice where:

1. You knowingly or negligently provide inaccurate information to the Pharmacy Network;
2. You permit unauthorized access to Pharmacy Network;
3. You use the Pharmacy Network in a manner that is inconsistent with the terms of the Pharmacy Network User Guide and/or the terms of this agreement,
4. An immediate investigation by the Pharmacist-in-Charge is deemed necessary for reasons concerning the protection of public health or safety; or,
5. An immediate investigation by the Pharmacist-in-Charge is deemed necessary to protect the personal health information of an individual.

Penalty: In addition to any disciplinary action by the Pharmacist-in-Charge, you are also subject to any legislated penalties.

Please Note: For continuous quality improvement of the Pharmacy Network and to ensure the protection of personal health information, access to the Pharmacy Network may be monitored without notice.

ASSISTANT:

Print Name

Signature

Print Name of Pharmacist-in-Charge
and License Number

Signature of Pharmacist -in-Charge

Date

FOR THE CENTRE:

Print Name

Title

Signature of Authorized Centre Staff Member

Date

NL Centre for Health Information
70 O'Leary Ave.
St. John's, NL A1B 2C7
Telephone: 709 752-6000

Confidential PN Fax: 1-877-272-6029