



Newfoundland and Labrador Pharmacy Network Pharmacist 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:

(Pharmacist's Name) (Pharmacist License Number)

(Business address) (City / Town) (Postal Code)

(Business telephone number)

(Business fax number)

(Pharmacist's personal email address)

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

This Agreement must be read together with the following:

1. the Pharmacy Network User Manual and policies of the Pharmacy Network, as provided to the undersigned by the Centre for Health Information;
2. the *Pharmacy Act*, SNL1994, c. P-12.1 and regulations;
3. the *Personal Information and Protection of Electronic Documents Act* 2000, c. 5, P-8.6, 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 personal health information maintained in the Newfoundland and Labrador Pharmacy Network for any purpose or in any way other than those authorized under the above-noted legislation, policies, and standards of practice.

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 or 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 law and the above-noted legislation, policies, and standards of practice.

You agree to treat as confidential all information relating in any way to the security and management of the Newfoundland and Labrador Pharmacy Network and the in-pharmacy computer system.

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 Policy in the Pharmacy Network User Manual.

If Your Password Becomes Known: If you suspect that someone else knows your Password you must notify the Service Desk at 1-877-752-6006 or in person at 70 O’Leary Ave. 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 lay an allegation with the Newfoundland and Labrador Pharmacy Board without prior notice and it will be processed in accordance with Part IV of the Pharmacy Act and Pharmacy Regulations 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 Manual and/or the terms of this agreement,
4. an immediate investigation by the Newfoundland and Labrador Pharmacy Board is deemed necessary for reasons concerning the protection of public health or safety; or,
5. an immediate investigation by the Newfoundland and Labrador Pharmacy Board is deemed necessary to protect the personal health information of an individual.

Penalty: In addition to any disciplinary action by the Newfoundland and Labrador Pharmacy Board, 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.

PHARMACIST:

FOR THE CENTRE:

Print Name and License Number

Print Name

Signature

Title

Print Name of Witness and License number

Signature

Signature of Witness
(Must be a licensed health provider
or public notary in NL)

Date

Date

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Confidential Pharmacy Network Program
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