



**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		License Number
_____		_____
Name and Business Address of Pharmacy	City / Town	Postal Code
_____		_____
Business Telephone Number	Business Fax Number	

Pharmacist'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 and HEALTHe NL, 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. eHealth Systems Terms and Conditions of Use;
3. The *Pharmacy Act*, SNL2012 CHAPTER P-12.2 and regulations;
4. The *Personal Information and Protection of Electronic Documents Act 2000*, c. 5, and regulations;
5. The *Personal Health Information Act*, SNL 2008, c. P-7.01 and regulations;
6. The standards of practice, policies and guidelines of the Newfoundland and Labrador Pharmacy Board and,
7. 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 Pharmacy Network or HEALTHe NL, 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 or HEALTHe NL, 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 or HEALTHe NL.

Confidentiality: You agree to treat as confidential all information collected, used and disclosed in association with the Pharmacy Network or HEALTHe NL, 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 Pharmacy Network or HEALTHe NL.

PART B: PASSWORDS

Passwords: You agree to keep your password absolutely confidential; it is for your use alone. You agree not to distribute or share your username and password with anyone. 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: You agree that 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 or HEALTHe NL 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 V 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 the Pharmacy Network or HEALTHe NL;
3. You use the Pharmacy Network or HEALTHe NL 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 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.

PART D: PROVINCIAL EHR LIMITATIONS

You are aware that HEALTHe NL consolidates information from various source systems province-wide. While efforts are made to ensure accuracy and completeness, HEALTHe NL is not exhaustive and should not be relied upon as a sole information source in providing care. Patient data may exist in other RHAs, community health, private clinics or pharmacy databases.

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

PHARMACIST:

Print Name and License Number

Title

Signature

Print Name of Witness and License Number

Signature of Witness
(Licensed health provider or public notary in NL)

Date

FOR THE CENTRE:

Print Name

Title

Signature of Authorized Centre Staff Member

Date

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