Pharmaceutical Information Program
Confidentiality Undertaking

Form 4

Pharmaceutical Information Program
PO Box 2000
Charlottetown, PE C1A 7N8

Personal information on this form is collected under the *Pharmaceutical Information Act* and Regulations. This information is required in order to process your application for disclosure of information. If you have any questions about this collection of personal information, you may contact the Director of the Pharmaceutical Information Program.

Name (Last name, given name)	**Position:**

Mailing address

Province Postal code Telephone number

I will not access or use any clinical or patient information in PhIP for any purpose other than those authorized by the *Pharmaceutical Information Act* and its regulations.

I agree at all times to treat as confidential the information in PhIP and will not participate in or permit the unauthorized release or disclosure of this information.

I agree to adhere to all legislation, policies, procedures and standards issued by PhIP related to the confidentiality, privacy and security of PhIP information.

I understand that the penalty upon conviction for any violation of the *Pharmaceutical Information Act* or regulations is a fine which may range from a minimum of $15,000 to a maximum of $50,000.

Date	Signature