

Date



Confidentiality Undertaking		
Personal information on this form is collected under the <i>Pharmaceutical Information Act</i> and Regulations. This information is required to fulfill the confidentiality requirements of the Act and regulations.		
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 <i>Pharmaceutical Information Act</i> and its regulations.		
	at as confidential the informat lisclosure of this information.	ion in PhIP and will not participate in or permit the
I agree to adhere to all le privacy and security of P		and standards issued by PhIP related to the confidentiality,
		violation of the <i>Pharmaceutical Information Act</i> or a of \$15,000.00 to a maximum of \$50,000.00.

Signature

Form 4