

SWORN AFFIDAVIT

I, **Rob MacIsaac**, of the City of **Hamilton** in the province of **Ontario**, MAKE OATH AND SAY:

1. I am the **President and CEO** at **Hamilton Health Sciences Corporation (HHS)** and, as such, have knowledge of the matters to which I hereinafter depose. In swearing this affidavit, I have exercised care and diligence that would reasonably be expected of a **President and CEO** at **HHS** in these circumstances, including making due inquiries of staff and agents of **Hamilton Health Sciences Corporation in respect of the Critical Care Information System** who have more direct knowledge of the relevant matters.

2. **Hamilton Health Sciences Corporation in respect of the Critical Care Information System** has in place policies, procedures and practices to protect the privacy of individuals whose personal health information is received and to maintain the confidentiality of that information in accordance with its obligations under the *Personal Health Information Protection Act, 2004* and the regulations thereto, as may be amended from time to time.

3. The policies, procedures and practices implemented by **Hamilton Health Sciences Corporation in respect of the Critical Care Information System** comply with the *Manual for the Review and Approval of Prescribed Persons and Prescribed Entities* that has been published by the Information and Privacy Commissioner of Ontario, as it may be amended from time to time, and subject to any Statements of Requested Exceptions attached hereto as Exhibit A.

4. Attached hereto as Exhibit B are the Privacy, Security, Human Resources and Organizational indicators of **Hamilton Health Sciences Corporation in respect of the Critical Care Information System** in compliance with the *Manual for the Review and Approval of Prescribed Persons and Prescribed Entities*.

5. **Hamilton Health Sciences Corporation in respect of the Critical Care Information System** has taken steps that are reasonable in the circumstances to ensure compliance with the policies, procedures and practices implemented and to ensure that the personal health information it receives is protected against theft, loss and unauthorized collection, use or disclosure and to ensure that records containing personal health information are protected against unauthorized copying, modification or disposal.

SWORN (OR AFFIRMED) BEFORE ME)

at the City/Town/Etc. of Hamilton, in the)

Province)
~~County/Regional Municipality/Etc. of~~)

Ontario, on October 24,)
on 20 23.)

[Signature]
Commissioner for Taking Affidavits

LSUC No. 57349W

[Signature]
[SIGNATURE OF DEPONENT]