



I, Dr. _____, Name of Physician

am authorized to sign this document on behalf of "the Facilities" [list the facility name, organization number, and physical geographic address for each medical practice covered by this Attestation]

Facility Name Organization Number

Full Address of Facility

(If you are authorizing more than one facility, please fill out the Schedule 24: Additional Facility Addendum, and mail or fax with this form.)

- 1. I hereby affirm that the Facilities meet the Office of the Chief Information Officer (OCIO) of British Columbia's wireless standards appropriate for the size of organization as outlined in sections 5.9 and 5.10 of the Information Management / Information Technology Standards Manual, located at http://www.cio.gov.bc.ca/local/cio/standards/documents/standards/standards_manual.pdf.
2. I hereby affirm that all new and current employees and medical practitioners with wireless access to PharmaNet have received informational material about the Facilities' Wireless Policy and Procedures.
3. I hereby affirm that all information security incidents, as defined in the Government of British Columbia's Information Security Policy located at http://www.cio.gov.bc.ca/local/cio/informationsecurity/policy/isp.pdf, must be reported to me and the remediation of the incidents will meet the OCIO wireless standards.
4. I understand that the Ministry of Health ("the Ministry"), at its discretion, has the right to require a re-attestation and/or audit compliance with the OCIO's wireless standards.
5. I understand that in consideration of the terms and conditions agreed to in this Attestation, the Ministry will permit wireless access to Ministry applications and/or Ministry information held within the Government of British Columbia's network (otherwise known as SPAN/BC). I understand that any Facility that fails to comply with the above procedures in the deployment and use of wireless technology will be required to terminate the wireless connection to Ministry applications and/or Ministry information held within the SPAN/BC network.
6. I make these affirmations in support of the implementation of a Secure Wireless Local Area Network and use of approved wireless end-user devices to access Ministry applications and/or Ministry information held within the SPAN BC network.

Signed at _____, this _____ day of _____, 20 _____.

SIGNED BY

IN THE PRESENCE OF

Signature of Physician

Signature of Witness

Contact Email of Physician

Print Name of Witness

Phone Number of Physician

College ID # MSP Practitioner #

Three ways to submit the completed, signed and dated form: Scan & Email: hlth.hnetconnection@gov.bc.ca Fax: 250-952-1119 Mail: Data Access, Research and Stewardship Ministry of Health PO Box 9640 STN PROV GOVT Victoria BC V8W 9P1