BRITISH COLUMBIA | Ministry of Health

RE-ATTESTATION OF COMPLIANCE WITH THE GOVERNMENT OF BRITISH COLUMBIA WIRELESS STANDARDS

SCHEDULE 22A: PHARMACY

I, _____ , _____ ,
Name of Authorized Signatory *Title of Authorized Signatory*

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

_____ _____
Facility Name *Pharmacy ID and 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 **5.09** and **5.10** of the Information Management / Information Technology Standards Manual, located at https://www2.gov.bc.ca/gov/content/governments/services-for-government/policies-procedures/im-it-standards/find-a-standard.
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 https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/information-management-technology/information-security/isp_v4.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

_____
Signature of Authorized Signatory

_____
Contact Email of Authorized Signatory

_____
Phone Number of Authorized Signatory

IN THE PRESENCE OF

_____
Signature of Witness

_____
Print Name of Witness

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

Print Clear Form