

## APPENDIX "D" SWORN AFFIDAVIT

I, Dr. Doug Tkachuk, the President of Inscyte Corporation, MAKE OATH AND SAY:

- 1. Inscyte Corporation 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.
- 2. The policies, procedures and practices implemented by Inscyte Corporation comply with 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 Inscyte Corporation 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.
- 4. Inscyte Corporation has submitted a written report to the Information and Privacy Commissioner of Ontario in compliance with the *Manual for the Review and Approval of Prescribed Persons and Prescribed Entities*.
- 5. Inscyte Corporation 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 received is protected against theft, loss and unauthorized use or disclosure and to ensure that records containing personal health information are protected against unauthorized copying, modification or disposal.



## INSCYTE COPPORATION

5. [INSERT NAME OF PRESCRIBED PERSON OR PRESCRIBED ENTITY] 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 received is protected against theft, loss and unauthorized 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/Ete. of \_\_\_\_\_, in the

County/Regional Municipality/Etc. of

on 100 29 2014

Commissioner for Taking Affidavits

[SIGNATURE OF DEPONENT]