



May 26, 2020

DELIVERED ELECTRONICALLY

Dr. David Pichora  
President & CEO  
Kingston Health Sciences Centre  
76 Stuart Street, Kingston, ON, K7L 2V7

Dear Dr. Pichora:

**Re: LHSIA s. 20 Notice and Extension of Service Accountability Agreement(s)  
("Extending Letter")**

The *Local Health System Integration Act, 2006* requires the South East Local Health Integration Network (the "LHIN") to notify a health service provider when the LHIN proposes to enter into, or amend, a service accountability agreement with that health service provider.

In this COVID-19 outbreak, the LHIN hereby gives notice and advises Kingston Health Sciences Centre (the "HSP") of the LHIN's proposal to amend each and every service accountability agreement (as described in the *Local Health System Integration Act, 2006*) currently in effect between the LHIN and your HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, each SAA will be amended with effect on June 30, 2020. All other terms and conditions of the SAA remain in full force and effect.

The terms and conditions in the SAA are amended as follows.

- 1) **Term** – With respect to a SAA that is a hospital service accountability agreement only, in section 2.2, "June 30, 2020" is deleted and replaced by "March 31, 2021".
- 2) **Schedules** – The Schedules in effect on June 29, 2020 shall remain in effect until March 31, 2021, or until such other time as may be agreed to by Parties.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in the SAA.

Please indicate the HSP's acceptance and agreement to the amendment of the SAA as described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on June 26, 2020, to: [SESAA@lhins.on.ca](mailto:SESAA@lhins.on.ca) (the "LHIN Contact").

The HSP and the LHIN agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature. The electronic signature of a party may be evidenced by one of the following means and transmission of the Extending Letter may be as follows:

- 1) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter delivered by facsimile transmission to the other party;
- 2) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter scanned as a pdf and delivered by email to the other party;
- 3) a digital signature, including the name of the authorized signing representative typed in the respective signature line of the Extending Letter, an image of a manual signature or an Adobe signature of an authorized signing representative, or any other digital signature of an authorized signing representative with the other party's prior written consent, placed in the respective signature line of the Extending Letter and the Extending Letter delivered by email to the other party; or
- 4) any other means with the other party's prior written consent.

Should you have any questions regarding the information provided in this Extending Letter, please contact Tao Jiang, Senior Consultant, Health Service Provider Contracts at [tao.jiang@lhins.on.ca](mailto:tao.jiang@lhins.on.ca) , or 613-449-7917

Sincerely,



Joe Sherman

Senior Manager, Health Service Provider Contracts  
South East Local Health Integration Network

- c. Renato Discenza, Chief Executive Officer, Ontario Health East Region
- c. Steve Goetz, Director of Finance, Service Contracts & Corporate Services, South East LHIN
- c. Mr. David O'Toole, Chair, Kingston Health Sciences Centre

**AGREED TO AND ACCEPTED BY**

Kingston Health Sciences Centre

By:



\_\_\_\_\_  
Dr. David Pichora  
President & CEO  
I have authority to bind the HSP

Date: 20/5/27  
\_\_\_\_\_  
mm/dd/yyyy

And By:



\_\_\_\_\_  
Mr. David O'Toole  
Chair  
I have authority to bind the HSP

Date: 20/5/28  
\_\_\_\_\_  
mm/dd/yyyy

