

ATTESTATION FORM OF HEALTH FACILITIES

I, **Odelio Yu Ferrer, Provincial Health Officer II**, a duly authorized representative of **Agusan del Norte Provincial Hospital** do hereby declare and attest the following:

1. That all individuals listed are employed in this **Agusan del Norte Provincial Hospital** in **Region XIII CARAGA**; are among the list of eligible health care workers and non- health care workers to receive Health Emergency Allowance (HEA) as prescribed in the Republic Act No. 11712 (Public Health Emergency Benefits and Allowance for Health Care Workers Act), its implementing rules and regulations, and supplemental guidelines;
2. That this submission through the Health Emergency Allowance Processing System (HEAPS) had been executed strictly in accordance with the provisions indicated in the aforementioned laws and policies;
3. That all individuals listed in the COVID-19 Risk Exposure Classification (CREC) Report have provided the information indicated therein with full knowledge that the processing thereof is necessary for the processing of HEA, in accordance with the Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012;
4. That all individuals listed and encoded/uploaded to the HEAPS have provided the information indicated therein with expectation that the relevant government agencies will uphold the rights of the data subjects, implement the appropriate security measures, and will remain adherent to the general data privacy principles of transparency, legitimate purpose, and proportionality, in processing their personal information; and
5. That all matters set forth listed or uploaded/encoded to the HEAPS have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

Done this 24th day of October, 2023 in Agusan del Norte Provincial Hospital, Libertad, Butuan City, Philippines.

By:


ODELIO Y. FERRER, MD, MBA-HA, FMAS, FICS

Provincial Health Officer II