



Third Annual Seniors' Housing Symposium

Health Law Group Webinar

October 14, 2021



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Welcome & Agenda

- **8:30 - 8:35 am - Welcome Remarks** - [Erin Porter](#), Partner, Fasken
- **8:35 - 8:55 am - Privacy Breaches – Mitigating Risks and Meeting Your Statutory Obligations** - [Daniel Fabiano](#), Partner, Fasken
- **8:55 - 9:15 am - Consent and Capacity Refresher** - [Lily MacLeod](#), Associate, Fasken
- **9:15 - 10:00 am - The Road to Opening – Lessons Learned from Opening a New Long-Term Care Home in Ontario** – [Lynne Golding](#), Partner & Health Law Group Lead, Fasken
Kim Kowalik, Vice President, Legal Services, Revera Inc.
Carmen Dimauro, National Director Strategic Operations, Long Term Care, Revera Inc.
John Mitchell, Senior Manager, Construction, Revera Inc.
- **10:00 - 10:20 am - Health and Safety Update** - [Erin Porter](#), Partner, Fasken and [Lennie Lejasisaks](#), Associate, Fasken
- **10:20 - 11:10 am - Legal issues in the use of Telemedicine in Long-Term Care and other Seniors Homes** - [Laurie Turner](#), Partner, Fasken
- **11:10 - 11:30 am - Q&A Session**

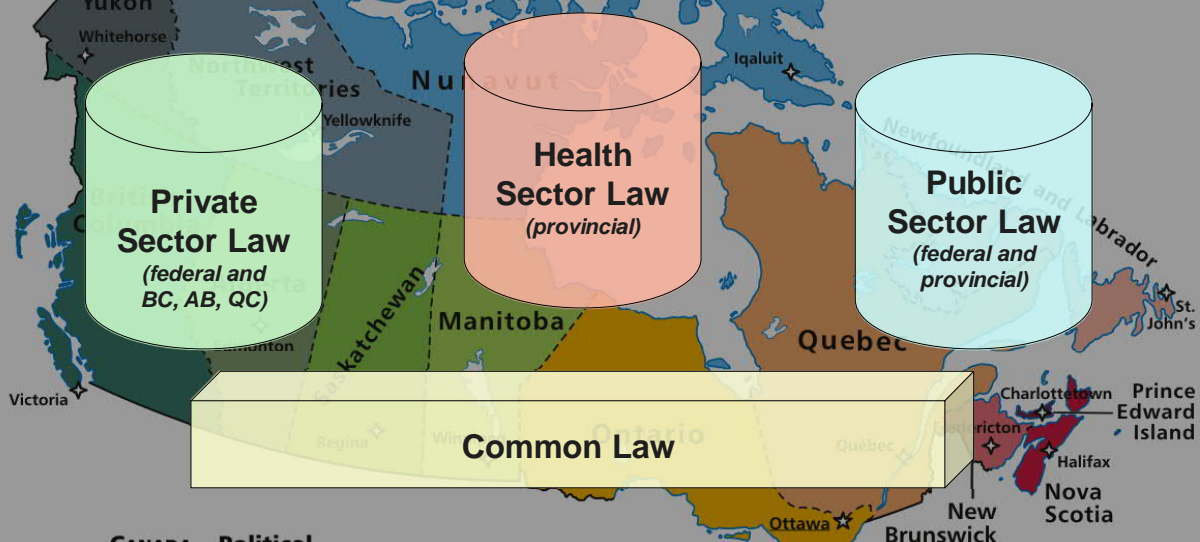
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Privacy Breaches – Mitigating Risks and Meeting Your Statutory Obligations

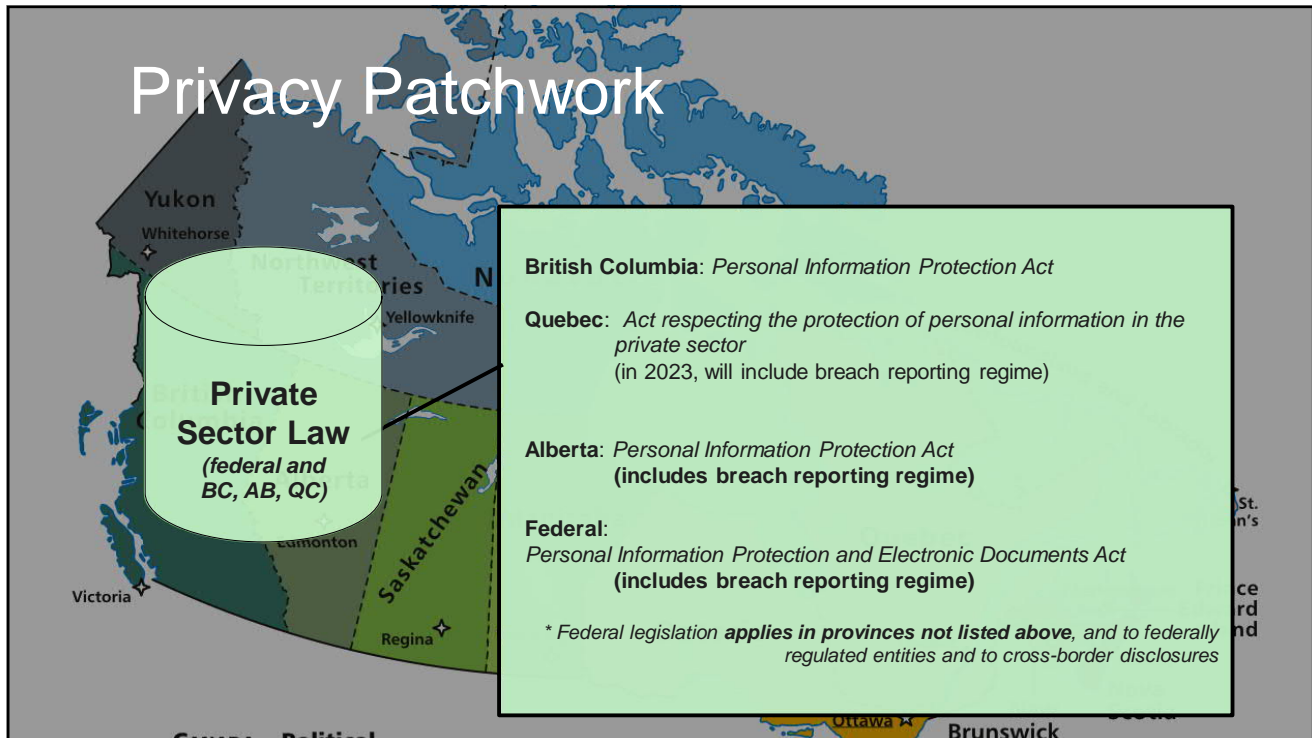
Daniel Fabiano, Partner, Fasken

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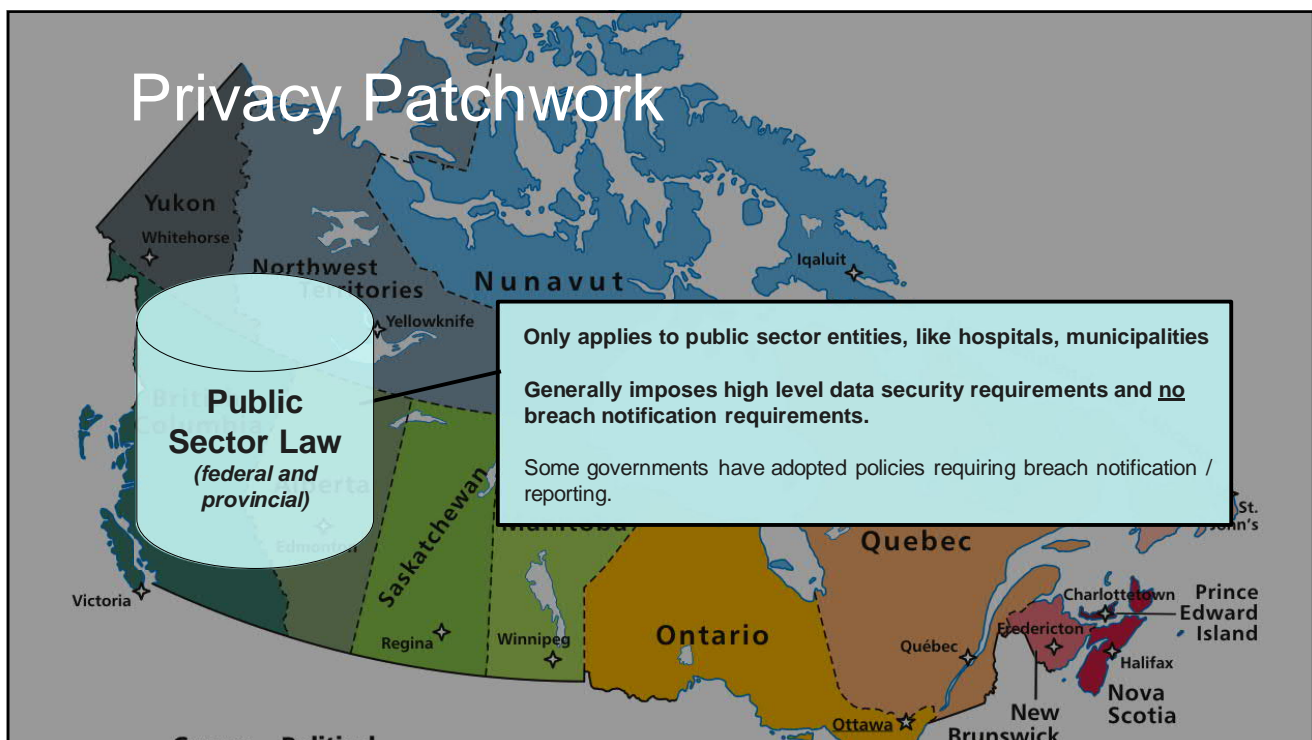
Privacy Patchwork: Which Regime Applies to Your Organization?



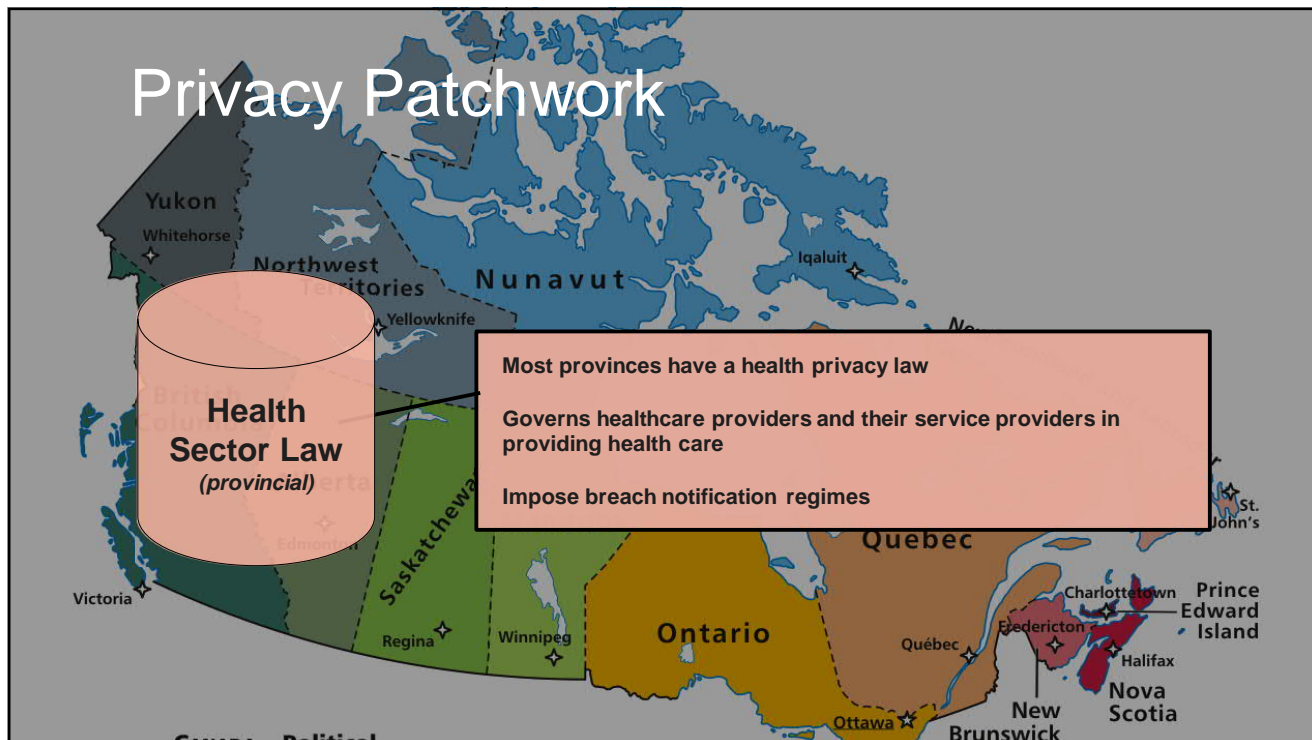
Privacy Patchwork



Privacy Patchwork



Privacy Patchwork



▀ Safeguards

- All privacy laws speak to safeguarding personal information in a manner appropriate to its sensitivity: more sensitive = more rigorous safeguards
- Some privacy laws impose a breach notice / reporting regime
 - PIPEDA
 - Alberta PIPA
 - Quebec (in 2023)
 - Health privacy laws

▶ PIPEDA Breach Requirements

- Must keep a log that summarizes all breaches (going back 2 years)
- If it is reasonable to believe that the breach creates a “**real risk of significant harm to the individual**”, then organization must as soon as feasible:
 - Report breach to the federal Commissioner
 - Notify affected individuals of the breach
- Report / notice has prescribed contents [CAREFUL DRAFTING/LEGAL]
- Requirements around how notice is provided (direct vs. indirect vs. exceptions)

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▶ Alberta Breach Requirements

- If it is reasonable to believe that the breach creates a “**real risk of significant harm to the individual**”, then organization must without unreasonable delay:
 - Report breach to the Alberta Commissioner
 - Alberta Commissioner may then require notice to affected individuals
- Report / notice has prescribed contents
- Requirements around how notice is provided (direct vs. indirect vs. exceptions)

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Health Privacy Breach Requirements

- Some provinces (e.g., Ontario) require
 - individuals to be notified of all privacy breaches,
 - in some cases, the provincial privacy commissioner to also be notified
- Other provinces (e.g., Alberta) impose a harms threshold before notification is required
- Report / notice may have prescribed contents

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More than 15.1 Billion Records Exposed in 2019

The total number of records exposed in 2019 increased by 284 percent compared to 2018.

LifeLabs data breach could impact up to 15m customers

SHIELDS HEALTH SOLUTIONS EMPLOYEE EMAIL HACK

Ransomware Attacks Cost Healthcare Sector At Least \$160M Since 2016

LAFAYETTE REGIONAL REHABILITATION REPORTS JULY 2019 EMAIL HACK

SUNSHINE BEHAVIORAL HEALTH GROUP CLOUD MISCONFIGURATION

About 3,500 Sunshine Behavioral Health Group patients are being notified that some of their protected health information was left exposed online due to a misconfigured cloud server.

Stolen laptop leads to potential data breach of 650,000 Health Share of Oregon patients

Winnipeg-based online pharmacy warns of data breach

More than 28 million Canadians impacted by a data breach in past 12 months: privacy watchdog

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▼ Evolving Risk: Threat Landscape

- Snooping
- Human error
- Email compromise
- Ransomware
- Service providers

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▼ Evolving Risk: Breaches Reveal Other Non-Compliance

- Security incidents reveal that organizations have
 - kept personal information for too long / needlessly
 - over-collected personal information that was not needed
- Compounding breaches of legal requirements
- Revealed in breach notification to individuals

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 Lisa Cameron is the United States Privacy & Information Officer at the American Red Cross, where she oversees the Red Cross's privacy and security programs. She has been recognized for her work in privacy and security by the American Red Cross, the American Society for Quality, and the American Society for Information Management. She is also a frequent speaker at privacy and security conferences and has been published in several industry publications. She holds a Master's degree in Information Systems from the University of North Carolina at Charlotte and a Bachelor's degree in Business Administration from the University of North Carolina at Charlotte.

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▼ Lessons from Cases

“After the data breach was discovered, there was no cover up, and Home Depot responded as a good corporate citizen to remedy the data breach. ...Unless one wishes to play pretend, Home Depot was the successful party in resisting a pleaded claim of \$500 million.”

- Lozanski v. Home Depot, 2016 ONSC 5447

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▼ Lessons from Cases

- Internal incident and crisis teams
- External team may include:
 - legal counsel “breach coach”
 - forensic investigation and incident response teams
 - crisis communications/public relations experts
 - other providers (e.g. IT teams, ransom payment, notification provider, call centre, identity protection)

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▼ Key Takeaways

- Know which privacy laws apply to your organization
- Manage information intake and retention
- Incident response plan
- Privilege considerations
- Escalation protocols
- Cyber insurance

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Consent and Capacity Refresher

Lily MacLeod, Associate, Fasken

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Overview

- **Capacity**
 - “Capacity” in different contexts – the relevant tests
 - Capacity assessments – who, what, when, where, why?
- **Consent**
 - Informed consent
 - Substitute decision making under the SDA and HCCA
 - Issues arising from the COVID-19 pandemic

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▼ Capacity is Context Specific

- Treatment
- Personal Care
 - Personal care decisions
 - Power of attorney for personal care
- Property
 - Managing property
 - Power of attorney for property

▼ Capacity: Personal Care

- “A person is incapable of personal care if the person is not able to understand information that is relevant to making a decision concerning his or her own health care, nutrition, shelter, clothing, hygiene or safety, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision”: *SDA*, s 45
- Contrast with other tests

▼ Capacity: Power of Attorney for Personal Care

“A person is capable of giving a power of attorney for personal care if the person, (a) has the ability to understand whether the proposed attorney has a genuine concern for the person’s welfare; and (b) appreciates that the person may need to have the proposed attorney make decisions for the person”: SDA, s 47(1)

- Factors to consider
- Remote execution and virtual witnessing

▼ Capacity Assessments

- When are they required?
 - Examples: guardianship, treatment, admission decision, POA
- Capacity assessments under the SDA
 - Voluntary versus involuntary assessments under s 79
- Qualified capacity assessors
 - Procedures and guidelines

▼ Consent

- Consent to treatment
 - Informed consent under section 11 of the HCCA
 - Factors to consider
- Consent to other actions and decisions

▼ Substitute decision making

- Giving or refusing consent on behalf of an incapable person
- Statutory provisions and factors to consider
 - HCCA, s 42, 59
 - SDA
- Issues arising from the COVID-19 pandemic



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The Road to Opening – Lessons Learned from Opening a New Long-Term Care Home in Ontario

Lynne Golding, Partner & Leader, Health Law Group, Fasken

Kim Kowalik, Vice President, Legal Services, Revera Inc.

Carmen Dimauro, National Director Strategic Operations, Long Term Care, Revera Inc.

John Mitchell, Senior Manager, Construction, Revera Inc.

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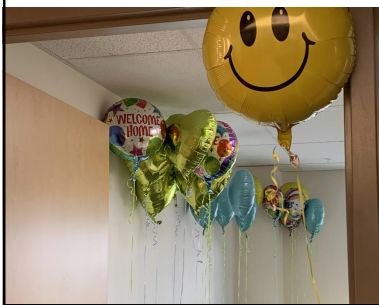
Original Elmwood Place – Built in 1976



NEW Elmwood Place – 2021

- 128 Residents
- 4 Resident Home Areas of 32 residents each
- Large outdoor spaces
- Variety of common area spaces
- Over-sized windows to allow natural light
- Modern amenities
- Fully air conditioned with individual controls in suites
- Modern technology infrastructure including guest wifi
- Enhanced IPAC features such as touchless faucets





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Health and Safety Update

Erin Porter, Partner, Fasken

Lennie Lejasisaks, Associate, Fasken

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Agenda

- Where Are We Now?
- Vaccination and Testing Policies
- Vaccine Exemptions and Accommodation
- Privacy Issues
- The End of Masks?

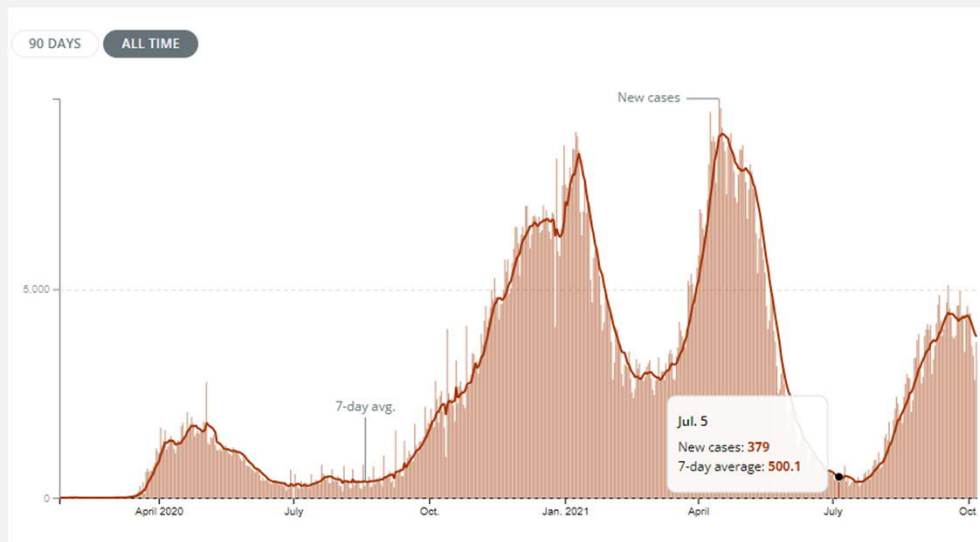
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Where Are We Now?

- Over a year-and-a-half into the pandemic
- A rapidly evolving landscape that continues to change by the week
- Canadian provinces and territories are in various states of pandemic response
- Fourth wave underway

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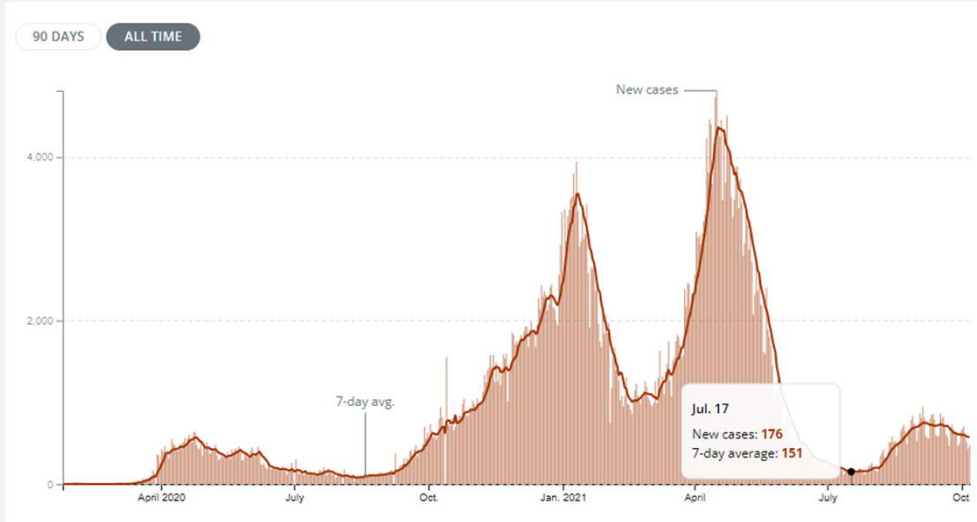
COVID-19 Cases – Canada



Source: [Tracking the spread of the coronavirus in Canada \(cbc.ca\)](https://www.cbc.ca/news/health/covid-19/canada-cases)

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COVID-19 Cases – Ontario



Source: [Tracking the spread of the coronavirus in Canada \(cbc.ca\)](https://www.cbc.ca/news/health/covid-19/canada-cases)

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Directive #3

- All staff and visitors must be actively screened each day
- All staff must wear masks at all times, even when not providing direct resident care
- All individuals must maintain physical distancing

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▼ Directive #6 – COVID-19 Vaccination Policy in Health Settings

- Applies to Hospitals, Home Care providers, LHINS, Ambulance Services
 - Must have a COVID-19 vaccination policy that requires
 - a) Proof of Vaccination;
 - b) Written proof of a medical exemption; or
 - c) Proof of completion of an educational session
 - Organizations may decide not to include education option
 - Employees who do not provide proof of vaccination must comply with regular antigen testing, at minimum at least once every 7 days

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▼ Limiting Work to a Single Home

- Employees in long-term care homes or retirement homes shall not perform work
 - In another long-term care or retirement home; or
 - For another service provider
- This does not apply to employees who are fully vaccinated against COVID-19

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▼ Mandatory Vaccinations

- Staff and volunteers have until November 15, 2021 to show proof of vaccination or medical exemption – otherwise they will not be permitted to enter building
- New staff will be required to be fully vaccinated before they begin working
- Random testing to be implemented
- Requirement to track and report on implementation of vaccination policy

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▼ Case Law

- *Caressant Care Nursing & Retirement Homes v Christian Labour Association of Canada*, 2020 CanLII 100531 (ON LA), (Randall)
 - Mandatory nasal swab testing upheld
 - “In my view, when one weighs the intrusiveness of the test: a swab up your nose every fourteen days, against the problem to be addressed – preventing the spread of COVID in the Home, the policy is a reasonable one. While the Home had not had an outbreak, I agree entirely with the Employer that, given the seriousness of an outbreak, waiting to act until that happens, is not a reasonable option.”

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▼ Case law

- **Thunder Bay Regional Health Sciences Centre v Ontario Nurses' Association, 2021 CanLII 61488 (ON LA) (White)**
 - ONA filed three policy grievances regarding the employer's introduction of a policy imposing travel restriction. Employees who left the northern region were required to quarantine for 7 days upon their return and would not be permitted to return to work.
 - The Hospital stated that it was merely meeting its obligation to follow the advice, recommendations and instructions of the public health officials as required under Regulation 240/20 of the *Reopening Act*.
 - "[p]rotective legislation designed to promote public health and safety is to be generously interpreted in a manner that is keeping with the purpose and objectives of the legislative scheme. Narrow or technical interpretations that would interfere with or frustrate the attainment of the legislature's public welfare objectives are to be avoided."
 - The arbitrator agreed that the Hospital was required to enact these policies in order to meet its legislated objective

▼ Vaccine Exemptions

- Medical exemptions
 - Serious adverse events following COVID-19 immunization.
 - Certain medical conditions that may affect response to immunization.
 - i.e., a history of severe allergic reaction or anaphylaxis to any component of a COVID19 vaccine
- Documentation

▼ Vaccine Exemptions

- Creed (often referred to as religion)
 - An individual's creed must have a connection to an organization or community that professes a shared system of belief
 - Personal preferences or singular beliefs do not amount to a creed for the purposes of the Human Rights Code
- Documentation
 - Objective evidence that their claimed creed/religion prohibits vaccination against COVID-19

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▼ Case Law

- [Sharma v Toronto \(City\), 2020 HRTO 949 \(CanLII\)](#)
 - An individual refused to wear a mask because he did not believe that the efficacy of masks had been sufficiently proven and stated that his creed requires that he not “blindly accept what government or agencies claim, mandate or enact into laws”
 - The Tribunal determined that this personal preference did not afford him protection under the *Code*

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▼ Family Status Accommodations

- Employees may seek accommodation based on family status
- May also be entitled to take IDEL under the *ESA*
 - Consider the interplay between the right to a IDEL and the right to cancel or defer a leave under *Regulation 77/20 Work Deployment Measures in Long-Term Care* and *Regulation 118/20 Work Deployment Measures in Retirement Homes*
 - Action needs to be “reasonably necessary”

▼ The Duty to Accommodate

- Yet to be considered in the context of mandatory vaccination policies by the Ontario Human Rights Tribunal, courts, and labour arbitrators.
- Ontario Human Rights Commission: the duty to accommodate can be limited if it would significantly compromise health and safety amounting to undue hardship, such as during a pandemic.
- Carefully consider and evaluate all requests.
- Be prepared to show that accommodating an exemption request would cause undue hardship.

▼ Occupational Health and Safety

- General OHS principles continue to apply:
 - Take all reasonable precautions to protect health and safety
 - Train and instruct all employees
 - Provide clear communications that are readily accessible
 - Follow all public health rules and guidelines

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Legal Issues in the Use of Virtual Care in Long-Term Care and other Seniors Homes

Laurie Turner, Partner, Fasken

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Background Re Virtual Care



telemedicine
virtual care
remote medicine
telehealth
teleconsult
teletherapy
telerehab
telemedicine

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▼ Background re Virtual Care

- The name given to health care delivered virtually varies:
 - from health profession to health profession
 - from jurisdiction to jurisdiction
- The activities permitted to be delivered via virtual care varies:
 - from health profession to health profession
 - from jurisdiction to jurisdiction

▼ Background re Virtual Care

- Common elements of definitions:
 - ✓ provision of care
 - ✓ by a health professional to a patient
 - ✓ at a distance
 - ✓ using information communication technologies
- Subject to restrictions imposed by:
 - ✓ laws – e.g. addressing who may provide virtual care within a jurisdiction; privacy laws
 - ✓ policies of health regulatory colleges – e.g. addressing specific consents that must be obtained for virtual care
 - ✓ policies of institutions – e.g. addressing when virtual care may be provided

▼ Virtual Care and COVID

Spurred development of virtual care:

- ✓ platforms
- ✓ policies
- ✓ billing codes (physicians / dentists)

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▼ Virtual Care – Spotlight : Telemedicine

- Bulletin from Ministry of Health on November 15, 2019 regarding modernization of virtual care compensation through Ministry's "virtual care program"
 - "Direct to patient video visits" become eligible for delivery by certain physicians and dentists in prescribed circumstances (November 2019)
- Bulletin from Ministry of Health on March 13, 2020 regarding temporary billing codes during the pandemic
 - Far less restrictive than permanent billing codes
 - Temporary billing codes extended to September 30, 2022

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Virtual Care and COVID

- Idea of “cost of contact”
- Re-exploring the “costs” and “benefits” analysis regarding the use of virtual care



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Virtual Care - Generally

Pros	Cons
<ul style="list-style-type: none">• Limited need for patient travel	<ul style="list-style-type: none">• Increases privacy risks related to use of technology
<ul style="list-style-type: none">• Reduces cancellations / no shows	<ul style="list-style-type: none">• Clinical limitations
<ul style="list-style-type: none">• Reduces risk of contracting infections, etc.	<ul style="list-style-type: none">• Technology as “hurdle” or as “unknown”
<ul style="list-style-type: none">• May increase access to specialists	<ul style="list-style-type: none">• Potential for increasing issues arising from hearing, vision or communication impairments

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Virtual Care – Spotlight : LTCHs



Resources to Support Virtual Care in Long Term Care Homes

This document provides long term care (LTC) homes with links to resources to help support the use of virtual care. It serves as a companion to ["Virtual Care Supports for LTC Homes During the COVID-19 Pandemic"](#).

How to Use This Document

Section 1: Ontario Virtual Care Programs and Services for LTC

Identify the appropriate virtual care programs and services for various LTC home needs.

Section 2: Resources for Ontario Virtual Care Programs and Services

Find resources to support the adoption and implementation of the services and programs in Section 1.

Section 3: Additional Resources for LTC

Access resources developed specifically for LTC homes and other congregate settings to support the adoption, implementation, and maintenance of virtual care.

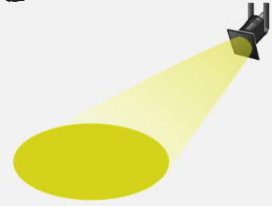
Section 4: General Virtual Care Resources

Access to resources not specific to any one sector but may provide helpful insights for LTC homes.

Section 1: Ontario Virtual Care Programs and Services for LTC

LTC Home Need	Virtual Care Solutions				Programs with Virtual Services	
	OTN Video Provider-Patient, Provider-Provider	VirtualCare™ Provider-Patient	eConsult Provider-Provider	LTC and RH Consult Line Provider-Provider	GeriatricMedRisk Provider-Provider	Behavioural Supports Ontario Provider-Patient, Provider-Provider
Primary Care	✓	✓				
Specialist Consult (GIM)	✓		✓	✓		
Specialist Consult (Other)	✓		✓			✓*
IPAC	✓		(OHS, N, SWS) Specialty Group			
Allied Health Professionals (PT, OT, SW)	✓	✓			✓* Nursing Pharmacy	
Palliative Care	✓		✓			✓*
Behavioural Support	✓	✓				Clinical Consultation & Capacity Building
Geriatric Pharmacy & Clinical Pharmacology	✓		✓		✓*	
Geriatric Psychiatry	✓		✓		✓*	
Geriatric Medicine	✓		✓		✓*	

* Utilizes OTN Video, eConsult, and/or Telephone to provide services.



Virtual Care - Considerations

- Patient consent
- Privacy
- Liability issues



▼ Virtual Care - Steps

Prior to Use (resident/patient not present)

- ❑ Develop policies and consent forms for use of virtual care
- ❑ Ensure privacy of spaces to be used for virtual care
- ❑ Train staff re available resources
- ❑ Train staff re use of resources

▼ Virtual Care - Steps

Prior to Use (resident/patient* present)

- ❑ Explain availability of virtual care and overview of how it is used
- ❑ Explain pros and cons of virtual care
- ❑ Provide ample opportunity for questions
- ❑ Demos on devices
- ❑ “Walk throughs” of virtual platforms
- ❑ Obtain appropriate consents for virtual care

*or SDM

▼ Virtual Care - Steps

During Use(resident/patient* present)

- ❑ Encourage use of camera
- ❑ Encourage use of earphones / headphones
- ❑ Watch for signs of lack of comprehension
- ❑ Consider taking notes

*or SDM

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Questions

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Biographies



Kim Kowalik
Vice President – Legal Services, Revera Inc.

In her role as Vice President, Legal Services, Ms. Kowalik deals with a broad range of legal issues on a daily basis. In addition to her legal responsibilities, Ms. Kowalik is also leading Revera's long-term care redevelopment program. Prior to joining Revera, she practiced corporate and real estate law at the Toronto law firm of Torys LLP, with a focus on the seniors' housing industry.

Since joining Revera in 2010, Ms. Kowalik has earned Certified In-House Counsel (CIC.C) designation from the Canadian Bar Association and a certificate in Mental Health Law from Osgoode Hall Law School. She graduated from the University of Toronto with a Bachelor of Laws and a Masters of Business Administration and obtained a Bachelor of Arts (Honours Economics and German) from the University of Waterloo.

Ms. Kowalik is also a member of Toronto Commercial Real Estate Women, an organization of approximately 180 members made up of key decision makers from some of the most influential corporations in Canada and has held past roles on the Scholarship Committee and the Foundation Committee and is currently involved in the mentorship program.

Outside of work, Ms. Kowalik enjoys downhill skiing, photography, trying out new recipes, and spending time with her husband and two young children.



Carmen Dimauro
National Director Strategic Operations, Revera Inc.

Education:

- BSCN Honours Gerontology; University of Guelph
- Healthcare Administration; Ryerson University

Bio:

My experience with Long-term Care and Retirement Living spans over 30 years and progresses from a purpose chosen post-secondary education in Gerontology to the development of specialized programming, new-home construction, individual and regional management of numerous Long-term Care and Retirement Homes across the nation. My career has allowed me to work with four sizable seniors living providers in positions ranging from Recreation and Program Aide to CEO of a large non-profit group. Currently, my role will serve to inform Revera's LTC redevelopment and acquisition efforts. As the health science spectrum continues to meld both strategy and service, I have made conscious effort to actively participate and remain current by working with planning groups from across the healthcare spectrum. I remain a passionate patron of our sector and regularly advocate across the greater healthcare forum to ensure our sector's voice is heard and understood.



John Mitchell

C.E.T. Manager, Construction
Revera Inc.

Education:

- BA Labour Studies - McMaster University
- Honours Mechanical Engineering Technology - Mohawk College
- Certified OACETT Member – Ontario Association of Certified Engineering Technologists

Experience:

- 28-year Career in construction
- Ran my own construction company constructing custom houses and privately owned cottages.
- Senior Director of Construction with Major Brand restaurants across North America such as KFC, Taco Bell, McDonalds, Second Cup and LeDuff America (Reporting to VP of Development out of Dallas)
- Responsible for establishing processes with all major stakeholders, maintaining Brand Standards and Setting and monitoring all budgets through the lifecycle of construction
- Responsible for 10 Project Managers running a major McDonalds role out Programs converting 468 stores over to the new McCafe brand in 3 years.
- Company Liaison between Development, Landlords, Legal, Franchisees, Designers, General Contractors, Architects and Engineers
- 3 years working for Revera Living as Senior Manager of Construction responsible for both New Build projects in Retirement and Long Term Care as the Owners Representative.



Areas of Expertise

Private M&A | Corporate Governance |
Corporate/Commercial | Life Sciences | Health | Cannabis
Law | Charities and Non-Profit Law

Education

1987, LLB, Queen's University
1984, BA, University of Toronto

Jurisdiction

Ontario, 1989

Language

English

Lynne Golding is the Leader of the firm's Health group. She has an active corporate/commercial practice based principally in the health industry.

Dealing with both for-profit and not-for-profit entities, Lynne advises clients on transactions in regulated and unregulated industries. A highly regarded name in the health regulatory space, Lynne's practice is principally comprised of clients in the health sector for whom she provides governance advice and structuring and transactional services.

Lynne is a frequent speaker on issues affecting the health sector and has been recognized for her expertise in healthcare law by Chambers Global and the Canadian Legal Lexpert Directory.



Erin Porter

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Areas of Expertise

Labour, Employment & Human Rights | Labour Relations and Collective Bargaining | Employment Advice and Litigation | Labour Mergers, Acquisitions and Sales of Business | Human Rights & Discrimination | Canada

Education

2014, LLM, Labour and Employment Law, Osgoode Hall Law School at York University

2003, LLB, Queen's University

1998, BEd, Western University

1997, BA (Honours), Western University

Jurisdiction

Ontario, 2004

Language

English

Erin Porter's practice is focused on advising and representing employers in labour, employment and human rights matters. With considerable experience in the health care sector, Erin offers strategic and practical advice to her clients.

Erin returned to Fasken after spending more than 11 years as in-house counsel for one of Canada's largest retirement and long term care home providers. In her position as Vice President, Legal, she was responsible for providing advice on acquisitions and dispositions, accommodation, employment contracts, terminations and various other workplace matters.

Erin frequently appears before arbitrators, the Ontario Labour Relations Board, and the Human Rights Tribunal of Ontario. Although she is a passionate advocate, Erin also knows the benefit of pursuing a settlement under the right terms and conditions.

In addition to her appearance work, Erin also has experience negotiating and interpreting collective agreements, drafting employment policies and conducting workplace investigations. A former teacher, Erin loves to present and has been a speaker at professional and client-based seminars on topics such as the duty to accommodate, preparing for arbitration, workplace investigations, code of conduct and last chance agreements.



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Areas of Expertise

Information Technology | Corporate/Commercial | Privacy and Cybersecurity Law | Procurement | Health

Education

2003, LLB, University of Windsor

2000, BA (Honours), Queen's University

Jurisdiction

Ontario, 2004

Language

English

Daniel Fabiano's business law practice is focused on privacy/information protection, procurement, and technology.

Daniel advises clients on the complexities of Canadian privacy, freedom of information, and anti-spam laws. Daniel regularly assists clients with:

- Ongoing compliance and risk management, including privacy impact assessments, privacy risk mitigation strategies, data sharing arrangements, privacy policies, notices and consents
- Preventing and responding to privacy breaches, cyber-security incidents and complaints
- Complying with Canada's rigorous anti-spam law, including Canadian Radio-television and Telecommunications Commission (CRTC) investigations
- Responding to access to information matters at all levels of government – Daniel is a lead author of the "Hospital Freedom of Information Toolkit: A Guide to Implementing the Freedom of Information and Protection of Privacy Act," published by the Ontario Hospital Association.

In his procurement practice, Daniel frequently advises clients on initiating and documenting the bidding process, drafting and negotiating contracts, as well as managing and mitigating procurement risks and in bid disputes. He has both a "Certificate in Public Procurement Law and Practice" and a "Certificate in Advance Procurement Law

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and Practice: Major Projects and Tendering.” Daniel also advises clients in innovative procurement methodologies and related strategies, and is one of the authors of the Healthcare Supply Chain Network “Innovation Procurement Toolkit Expansion” – a set of innovation procurement resources, guides and templates. In his technology practice, Daniel advises technology providers, developers and users on licensing, Internet/e-commerce platforms, social media, corporate transactions and corporate policy matters. Daniel drafts and negotiates a wide range of contracts, including master service agreements, software development agreements and licenses, maintenance and support agreements, and service level agreements.

Outside of his practice, Daniel has served on the board of directors of Healthcare Supply Chain Network, a national health sector procurement association, and the Canadian Medical Equipment Protection Plan. He is past Vice-Chair of Tarragon Theatre.

In 2018, Daniel served as General Counsel (Interim) of eHealth Ontario.





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Areas of Expertise

Corporate/Commercial | Health | Cannabis Law |
Agribusiness, Food & Beverage | Charities and Non-Profit
Law

Education

2009, JD, Queen's University

2005, BA (Honours), University of Toronto

Jurisdiction

Ontario, 2010

Language

English

Laurie Turner has an active corporate/commercial practice and advises clients in the for-profit and not-for profit (specifically hospital sector) on a diverse range of matters including corporate restructurings, (e.g. mergers and amalgamations) corporate governance, procurement and privacy, with a particular focus on the health sector.

Laurie is a graduate of Queen's University, Faculty of Law. Prior to attending law school, Laurie earned her undergraduate degree from the University of Toronto (Distinction) and was an Executive Research Assistant to the Canadian Research Chair in Breast Cancer at Sunnybrook & Women's College Health Sciences Centre. Laurie also worked as a Research Assistant for Professor Jurgen Rehm at the Centre for Addiction and Mental Health. Laurie has gained valuable experience through recent secondments at two large teaching hospitals in Toronto and a shared service organization where she advised on a wide range of matters.



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Areas of Expertise

Labour, Employment & Human Rights | Canada

Education

2014, JD, University of Toronto

2011, MIRHR, Industrial Relations and Human Resources, University of Toronto

2010, B Comm, Human Resource Management, Ryerson University

Jurisdiction

Ontario, 2015

Language

English

Lennie Lejasisaks practices labour, employment, human rights law, advising unionized and non-unionized employers across the private and public sector. Lennie provides strategic advice and representation to employers in all matters arising out of the workplace.

Lennie has a broad practice, including matters relating to collective bargaining, grievance arbitrations, collective agreement interpretation, human rights, accommodation, disability management, health and safety, workers' compensation, workplace investigations, restructurings and downsizings, employment contracts and terminations, and wrongful dismissals. Lennie has represented clients before arbitrators, courts, the Ontario Labour Relations Board and the Ontario Human Rights Tribunal.

Lennie has significant experience in the health care sector, having worked in-house at an acute care hospital as Chief Privacy and Human Resources Officer where he practiced labour and employment law and oversaw the human resources department. Lennie prides himself on understanding the challenges facing employers and acting as a strategic partner to provide practical and timely advice.



Area of Expertise

Litigation & Dispute Resolution

Education


2019, Osgoode Hall Law School at York University

Language

English

Lily MacLeod is an associate in Fasken's Litigation & Dispute Resolution Group in Toronto, Ontario. She maintains a broad practice advising clients with respect to civil, commercial, estates and health/regulatory matters in the context of individual and class action lawsuits. During the summer of 2018, she was seconded to Cancer Care Ontario.

Lily is a graduate of Osgoode Hall Law School. Prior to law school, she obtained a Bachelor of Arts (Psychology) from McGill University where she received the Mary Coppin award for academic excellence. During law school, she completed research placements with the Canadian Civil Liberties Association and the Women's Legal Education Action Fund. Lily regularly volunteers with PBO's Small Claims Project assisting self-represented litigants navigate civil litigation issues and acts as a mentor to students. Outside her practice, she enjoys playing volleyball. She represented Team Canada at the youth beach volleyball world championships in Umag, Croatia.



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