

## Intake and Consent Form

Welcome to Saint Mary's University Health Clinic. This form contains important information about the Clinic's policies and practices. Please read it carefully and ask your care provider for assistance if you have any questions.

### Completion of Patient Demographics and Intake information:

To provide you with the best quality care and service, we must maintain accurate records regarding your contact, insurance and emergency contact information and communications preferences. Please ensure that you provide our staff with this information at the time of booking and confirm at appointment check-in.

### Privacy, Confidentiality and Personal Information:

- Our Clinic is committed to protecting the privacy of your personal information and our staff understand the importance of maintaining patient confidentiality. Our staff receive training in privacy and confidentiality and our records are kept on a secure electronic health records system. Each system user has a unique identifier and password and regular audits of user access are conducted.
- Your personal information will be treated as confidential by our team and it is shared within the Clinic on a need-to-know basis. Disclosure of your personal information outside the Clinic is only done with your consent unless the disclosure is required by law in circumstances where there is a risk of harm to yourself, harm to others or if information is subpoenaed.
- We do not share your personal information with your parents, guardians or spouses without your written consent provided via the 'Consent Change Form' that is available from the Clinic's front desk staff.

We collect, use and disclose your personal information as needed in order to:

- Evaluate your health care needs and provide health care to you.
- Consult with other Saint Mary's University health care providers if such consultation is considered beneficial to you.
- Communicate with other health care providers outside the Clinic who are involved in your care in order to administer your care, including, but not limited to specialist, pharmacists, physiotherapists, etc. This communication may involve making referrals for other health services, the exchange of written documents or reports, the ordering of diagnostic tests (e.g. blood tests, x-rays, psychological assessments) etc.
- Communicate secure message notices to/from you via our health messaging platform, including records and/or forms you have requested, appointment booking, billing notices, photo submissions, etc.
- Receive payment from your provincial health care plan, private insurer or other body for delivering care to you.
- Conduct quality improvement and risk management activities.
- Plan, administer and manage our internal operations (e.g. appointment scheduling by staff).
- Fulfill other purposes permitted or required by law.

### Missed Appointments:

Please notify the Clinic as soon as possible if you must cancel an appointment so that the appointment can then be offered to someone else awaiting care. The following rules apply for missed appointments:

- **Medical appointments:** You must cancel no later than 2pm Atlantic time on the business day before your appointment or you will be charged a no-show fee for your appointment with a physician (\$50)

**Scent-Free Environment:**

Saint Mary's University Health Clinic is a scent-free environment. Scented products can trigger asthma attacks, allergies and other medical conditions in some people. Please avoid using perfume, cologne, scented hairspray, soaps, shampoo and detergents before coming into the Clinic.

**Respectful Behaviour:**

We understand that there are many reasons why you may need to visit our Clinic and we make every effort to make your visit as pleasant and comfortable as possible. In turn, we expect that your behaviour is respectful to our staff and our efforts to effectively operate our Clinic. There is a zero tolerance for abuse of any kind and this may lead to dismissal from the Clinic.

**Governing Law, Jurisdiction & Consent:**

I hereby agree that the resolution of any and all disputes arising from myself and either Saint Mary's University or the health care providers (as well as employees, and other independent health care providers providing health care and treatment to me) at Student Health Clinic, shall be governed within the laws of the Province of Nova Scotia.

I hereby acknowledge that health care and treatment will be performed in the Province of Nova Scotia and that the Courts of the Province of Nova Scotia shall have jurisdiction over any complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising out of treatment. I hereby agree that if I commence any legal proceedings that they will be only in the Province of Nova Scotia with exclusive jurisdiction of the Courts of Nova Scotia.

I understand that the Student Health Clinic team will provide care and treatment based on their assessment of my health status.

I have reviewed and understand the above information. I consent to the Clinic collecting, using, and disclosing my personal information as described above. I understand I can ask any questions that I might have about services and change my consent at any time by submitting a "Consent Change Form".

Patient name (PLEASE PRINT):

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Signature:

Pronoun used:

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Email:

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Date:

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