



**PLEASE NOTE THAT YOU MAY BE BILLED A NO-SHOW OR LATE CANCELLATION FEE FOR MISSED APPOINTMENTS IF NOT GIVEN 24-HOUR PRIOR NOTICE.**

**PART 1**

This verifies that you have agreed that your Provincial Health Care is **active**. If you have moved from another province you **must** inform your provincial health plan of your new address in Alberta. If for any reason the visit is not covered by your provincial health plan you will be invoiced for services rendered and are responsible for full payment upon receipt of invoice.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_

Home Address if different from one provided \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**PART 2 – OUT OF COUNTRY PATIENTS**  
**GOVERNING LAW AND JURISDICTION AGREEMENT**

(for Health Care Organizations)

I hereby agree that:

- a) All aspects of the relationship between me and Student Wellness Services (as well as its agents, delegates, employees and any physicians and other independent health care practitioners providing medical or other health care and treatment to me or in association with Student Wellness Services), including without limitation any medical or other health care and treatment provided to me, and
- b) The resolution of any and all disputes arising from or in connection to that relationship, including any disputes arising under or in connection with the Agreement,

shall be governed by and construed in accordance with the laws of the Province of Alberta and the laws of Canada applicable therein.

I hereby acknowledge that the medical or other health care I receive from Student Wellness Services will be provided in the Province of Alberta, and that the Courts of the Province of Alberta shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with the medical or other health care and treatment, or from any other aspect of my relationship to Student Wellness Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient (Please print)

\_\_\_\_\_  
Signature of Patient /  
Substitute decision-maker on behalf of the patient

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) and the University Act. The above information is collected so appropriate medical treatment can be provided. The personal health information you provide to Student Wellness Services is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the Student Wellness Services Privacy Officer at 403-210-8904.