



**REGISTRATION FORM**

**\*PLEASE NOTE THAT YOU MAY BE BILLED A NO-SHOW OR LATE CANCELLATION FEE FOR MISSED APPOINTMENTS IF NOT GIVEN A FULL BUSINESS DAY'S NOTICE**

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. A NO-SHOW OR LATE CANCELLATION FEE FOR MISSED APPOINTMENTS WILL BE APPLIED IF NOT GIVEN A FULL BUSINESS DAY'S NOTICE.

I hereby agree that:

I consent to receiving medical care from Student Wellness Services, in virtual and in-person formats.

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Home address \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

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

When you receive health services from this clinic, we will collect individually identifying health information in accordance with the provisions of the Health Information Act (HIA). We will collect this health information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information. For more information, please discuss with our staff at the front desk or contact Student Wellness Services via email: [sd.swas@ucalgary.ca](mailto:sd.swas@ucalgary.ca), phone: 403.210.9355, or fax: 403.282.5218.

Our team is here to help you. We will do everything we can to treat you with respect and courtesy. The University of Calgary is committed to providing a workplace that respects and promotes human rights, personal dignity, and health and safety. Please treat our team members with respect. Our team members have the right to work in a safe environment and are here to help you. We will not tolerate harassment, bullying, discrimination, violence, physical aggression, verbal abuse, or any disrespectful behavior.

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**OUT OF COUNTRY PATIENTS**  
**GOVERNING LAW AND JURISDICTION AGREEMENT**  
(For Health Care Organizations)

**\*\*Only complete this section if you are an international student\*\***

I hereby agree that:

- a) All aspects of the relationship between me and the Student Wellness Services (as well as it’s 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 if 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 the Student Wellness Services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient (printed)

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

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