

CAMPUS HEALTH CENTRE

Guidelines for patient use of medical services

PRIVACY AND CONFIDENTIALITY

Campus Health Centre (CHC) staff members are bound by condition of employment, law and ethics to safeguard your privacy and the confidentiality of your personal information. We will only collect the information that may be necessary for your care; keep accurate and up-to-date resources; safeguard the medical records in our possession; share information with other health-care providers on a “need to know” basis where required for your health care; disclose information to third parties only with your signed, written consent or when legally required; retain and destroy records in accordance with the law. Your request for care from the CHC implies consent for the collection, use and disclosure of your personal information for purposes related to your care. As noted above, other purposes require your signed, written consent. You have the right to see and to obtain copies of your records. Please speak to your nurse or physician if you have any concerns about the accuracy of your records. The CHC requires patients to provide their student number, address, phone number, date of birth and health card number.

EMAIL COMMUNICATION

The CHC uses email to communicate with patients in regards to appointment reminders, referral notifications and notification to contact the clinic. You have the right to decline email communication and the inclusion of your email address in your confidential medical record.

GOVERNING LAW AND JURISDICTION FOR LEGAL ACTION

GOVERNING LAW: I hereby agree that the relationship and the resolution of any and all disputes arising there from between myself and any member, past or present, of the staff of the CHC shall be governed by and constructed in accordance with the laws of the Province of Ontario.

JURISDICTION: I hereby acknowledge that treatment will be performed in the Province of Ontario and that the Courts of the Province of Ontario shall have jurisdiction to entertain 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 such legal proceedings they will be only in the Province of Ontario, and hereby irrevocably submit to the exclusion of the Court of Ontario.

PATIENTS FROM QUEBEC

Students with Quebec Health Insurance Plan coverage will be billed directly for visits to the CHC. We regret having to take this step but we do not bill directly to the province of Quebec.

MISSING HEALTH INSURANCE BILLING INFORMATION

If you are seen in the CHC and fail to present accurate health insurance information, you will be sent an invoice for services provided. If you have up-to-date health insurance; please provide this information to the CHC.

NO SHOW AND CANCELLATION POLICY

Campus Health Centre (CHC) requires at least 24 hours prior notice of cancellation of an appointment (a message can be left on the phone @ 905 721 3037 24 hrs/day). In the case of appointments scheduled the same day or within 24 hours, please provide notice of cancellation as soon as possible (minimum of 60 minutes). Failure to keep an appointment or to provide adequate notice will result in a fee being charged, for the purpose of the appointment booked.

THIRD PARTY INSURED SERVICES

The CHC provides certain services that are billed directly to the patient and paid for at the time of the visit. **THIRD PARTY SERVICES:** any examination, assessment and/or form completion requested or required by someone other than the patient or physician, e.g. Employer, insurance company. **UNINSURED SERVICES;** services that are considered medically unnecessary by the health insurance plans, e.g. certain wart treatments, travel advice and care.

ABSENCE FROM CLASS NOTES AND FORMS

If you have missed a class/ exam due to illness and require a note/ form, you must see a physician within 48 hours of onset of illness to be assessed properly and have the documents completed. If a physician is unavailable at the CHC a list of local walk- in clinics can be provided.

I HAVE READ, UNDERSTAND AND CONSENT TO THE ABOVE POLICIES AND PROCEDURES. I ACKNOWLEDGE RECEIVING A COPY OF THIS STATEMENT.

PATIENT

SIGNATURE: _____

DATE: _____

WITNESS

SIGNATURE:: _____