The Student Wellness Centre provides care for registered students of McMaster University.

We believe that the best counselling and health care are provided in an atmosphere that respects privacy and assures confidentiality. Any information you share with your health care providers or other Student Wellness Centre (SWC) staff will be held in the strictest of confidence.

Ontario has a law that protects your personal health information, the **Personal Health Information Protection Act** (PHIPA). The SWC is in compliance with this legislation. SWC staff is bound as a condition of employment, and by 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 records;
- safeguard the records in our possession;
- share general information or impressions with other SWC health care providers involved in your care;
- disclose information to third parties only with your signed consent or where legally required;
- retain and destroy records in accordance with the law.

You have the right to see and to obtain copies of your records. Please see our brochure and Privacy Statement for more details.

No information will be released by us to anyone without your signed consent except in accordance with provincial legislation. You should be aware of the following situations in which your personal information may be disclosed to persons outside SWC without your consent.

1. We are required by law to report to the appropriate authorities any suspicions that a child (someone presently under age 16) has been or is being abused.
2. If you are in serious and imminent danger of hurting yourself or someone else, we may need to reveal to an appropriate third party enough information to help you and to protect others (e.g. health care providers, ambulance, police or security, family, etc.).
3. We are required by law to report any suspected instances of sexual contact by a regulated health care provider.
4. If you are involved in a legal proceeding, the court may subpoena our records.

Otherwise, family, friends, or other third parties, University officials and faculty will not have access to information from the SWC about you, or about whether or not you have used our services.

**No Show and Cancellation Policy**

We require at least 12 hours prior notice to cancel an appointment. Failure to attend an appointment without providing adequate notice of cancellation will result in a fee being charged, to a maximum of $100.00 per visit, depending on the length of time the appointment was booked. If you feel that you have been charged a “no show” fee in error, please submit this, in writing, to the Director of the SWC. Your grades will not be released at the end of the academic year until all fees are paid. The SWC does attempt to remind students of appointments booked for 20 minutes or longer. You will receive a text message to your phone 48 hours prior to such an appointment. Not having received such a reminder is not a sufficient excuse for failing to attend a booked appointment.
Investigation Results
The SWC will not contact you regarding investigations, including lab results, which are normal. We will contact you regarding any significant abnormal results.

Missing Health Insurance Billing Information (for medical appointments only)
If you are seen at SWC and have not presented accurate health insurance billing information, you will be sent an invoice for payment for your visit. If you subsequently provide a health insurance number, which entitled you to coverage at the time of your visit, the invoice will be cancelled. Failure to either provide a valid insurance number, or pay the invoice, will lead to a fine applied to your student account.

Email/Text Agreement
I give permission for SWC staff to contact me via email at the email address below or text at the phone number below:

I understand and acknowledge that email/text communication is not always secure, and that communication to me or from me could be intercepted.

I understand that SWC staff may use email/text for scheduling or rescheduling and for follow-up for a missed or cancelled appointment. I understand that professional services will not be provided via email. I understand that at times significant time may pass without SWC staff checking email, particularly during summers and over breaks. If I do use email to communicate, I understand that there may be no response. I understand that it is my responsibility to avoid including personal information in email, but that if the content of any communication I send includes personal information, a response could unavoidably include personal information as well. Such personal information is to be avoided because email is not a confidential mode of communication.

I understand and agree that email is not an appropriate means to seek emergency psychological or medical services. If I have a serious psychological/medical emergency, I will use other means to seek help, whether or not that help includes contacting the Student Wellness Centre.

I understand that any email communication with Student Wellness Centre becomes part of my clinical chart.

NOTE: This permission does not officially expire unless I withdraw it in writing on a signed and dated piece of paper. However, if I inform SWC staff that I no longer want to be contacted via email that information will transfer to my file and email communication will no longer be used. In addition, if I use email in ways other than those described above, the SWC can also withdraw this consent to use email.

Research
McMaster University prioritizes research. Students may be approached to participate in research and have the right to refuse. This will not in any way impact the care provided at the SWC.

Governing Law and Jurisdiction Agreement
This agreement (“Agreement”) is entered into by and between _____________________________ and The Student Wellness Centre, McMaster University (collectively, the “Parties”).

Governing Law - The Parties hereby agree that:
   a) all aspects of the relationship between _____________________________ and The Student Wellness Centre, McMaster University (as well as her/his agents, delegates, employees, and any physicians and other independent healthcare practitioners providing medical or other healthcare and treatment to _____________________________, or in association with The Student Wellness Centre, McMaster University, including without limitation any medical or other healthcare and treatment provided to _____________________________, and
      _____________________________, and
   b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement, shall be governed by and construed in accordance with the laws of the province or territory of Ontario (other than conflict of laws rules) and the laws of Canada applicable therein.
**Exclusive Jurisdiction**

The Parties hereby acknowledge that the medical or other healthcare and treatment received by __________________ from The Student Wellness Centre, McMaster University will be provided in the Province of Ontario, and that the Courts of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other healthcare and treatment, or from any other aspect of the relationship between __________________ and The Student Wellness Centre, McMaster University.

[Name of patient]

Please feel free to discuss these matters concerning confidentiality and privacy, and any other concerns you may have, with your health care providers.

Please sign below to indicate that you have read and understood this information.

Name: ___________________      Student Number: ___________________      Birth Date: ___________________

(Please Print)

Date: ___________________ Email Address: ___________________ Cell Phone: ___________________

I, _______________________________ have read, understand, and accept the above.

_________________________________________     ________________________________

*Signature of patient/substitute or decision-maker on behalf of patient*          *Name:* ________________________________      *(Please Print)*

Per: Student Wellness Centre, McMaster University

Revised: March 2019