# Student Consent - Usage of Student Wellness Services

Name:
Student #:
Date of Birth:
Provincial Health Card/Uhip/Private insurance #:



STUDENT WELLNESS SERVICES
Mitchell Hall
69 Union Street
Queen's University
wellness.services@queensu.ca

## PRIVACY AND CONFIDENTIALITY

Patient consent to the collection, use and disclosure of Personal Health Information

Queen's Student Wellness Services (SWS) including medical services and mental health services, utilize the Electronic Medical Record Oscar to document your visits and communications in order to facilitate your care.

Queen's complies with the *Personal Health Information Protection Act, 2004*, and only collects information that is necessary for your care. We:

- keep accurate and up to date records
- safeguard the medical records in our possession
- share information with other health care providers only when required for your health care
- disclose information to third parties only with your signed consent or when legally required
- conduct patient satisfaction surveys
- compile statistics for such reasons as improving practice or supporting budgets, etc.
- retain and destroy records in accordance with the authorized records retention schedules.

Your request for care from SWS implies consent to collect, use and disclose personal health information as set out by the University privacy policy (<a href="https://www.queensu.ca/secretariat/policies/administration-and-operations/policy-handling-personal-health-information">https://www.queensu.ca/secretariat/policies/administration-and-operations/policy-handling-personal-health-information</a>) unless a particular collection, use or disclosure is permitted or required by law without consent including but not limited to situations such as child abuse, issues concerning driving, flying etc. If you have concerns about your privacy, you can talk to your health care practitioner at any time to discuss those concerns. You have the right to access your records, request a change or request a third party receive information from your chart. You have the right to withdraw or restrict consent (lockbox) for access to your personal health information within your record. A lockbox form is required to restrict access to your file and is obtained by speaking with one of the reception team members. Requesting a lockbox may result in implications for your health care, and possible risks will be reviewed with you individually should you make this request.

	Lui	nder	rstand	and	agree	to	the	above	stat	tem	ent

### **EMAIL COMMUNICATION**

SWS uses Queen's University email to communicate with patients with regard to appointment reminders, referral notifications and notifications to call or videoconference the clinic. Email is not a secure form of communication and comes with some risk. You have the right to decline email communication and revoke inclusion of your email address in your confidential health record. If you

chose to not include your email on your record or want to revoke your email, please speak to a receptionist. If you have not notified reception that you wish to decline email communication or revoke prior authorization for email communication, you are authorizing the ongoing use of such communication when you submit this form.

	I understand	and agree	to the	above	statement
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#### GOVERNING LAW AND JURISDICTION FOR LEGAL ACTION

I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between myself and any member, past or present, of the staff of Queen's Student Wellness Services shall be governed by and construed in accordance with the laws of the Province of Ontario, and shall be adjudicated in Ontario.

☐ I understand and agree to the above statement

#### NO SHOW AND CANCELLATION POLICY

Student Wellness Services requires 24 hour prior notice of cancellation of an appointment (a message can be left on the cancellation line at 613-533-2506, 24 hours per day). In the case of appointments scheduled the same day or within 24 hours, please provide notice of cancellation as soon as possible. Failure to arrive on time, keep an appointment or to provide adequate notice will result in a fee being charged based on the schedule below. Charges are to be paid at the clinic within 30 days. If payment is not received in 30 days the charges will be applied directly to your Queen's SOLUS account.

20 or 30 minute physician appointment	\$60.00
60 minute physician/psychotherapy appointment	\$120.00
20-30- minute psychiatry appointment	\$60.00
31-60 minute psychiatry appointment	\$120.00
61-90 minute psychiatry appointment	\$180.00

### Third Party/uninsured services

Not all medical services are covered by OHIP or other provincial insurance. These include insurance and other form completion, drive medicals, third party medicals, travel consultations/vaccinations, appeals etc. Patients will be advised of such charges and payment methods. All charges for uninsured services must be settled at the point of services.

	I understand and agree to the above statement
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#### WHEN YOU LEAVE THE UNIVERSITY

Student Wellness Services provides care to students currently enrolled at Queen's University, or in certain circumstances students visiting from other schools. Upon graduation or withdrawal from the University, you may continue to use Student Wellness Services for a maximum of 3 months. During this time, you should be actively looking for a new provider. Once you have a new physician, we can forward your medical records to your new provider with your written authorization to assist in the continuity of care.

I have read, understand and consent to the above terms and acknowledge that should I wish to receive a copy of this consent, I can request it at the reception desk. By marking each of the above checkboxes, I understand this represents my digital signature of agreement.

	I accept these	terms	
 Name			
Signat	ure		
 Date			