Governing Law and Jurisdiction Agreement

for healthcare organizations

This agreement ("Agreement") is entered into by and between _____ and
[Name of patient]

Algonquin College Health Services (collectively, the "Parties").
[Healthcare organization]

Governing Law

The Parties hereby agree that:

a) all aspects of the relationship between _____ and
[Name of patient]

Algonquin College Health Services (as well as her/his agents, delegates, employees, and any
[Healthcare organization]

physicians and other independent healthcare practitioners providing medical or other healthcare and treatment to _____, or in association with Algonquin College Health Services),
[Name of patient] *[Healthcare organization]*

including without limitation any medical or other healthcare and treatment provided to _____, and
[Name of patient]

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
[Province or territory]

(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 Algonquin College Health Services will be provided in the
[Name of patient] *[Healthcare organization]*

province or territory of Ontario, and that the Courts of Ontario
[Province or territory] *[Province or territory]*

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 Algonquin College Health Services.
[Name of patient] *[Healthcare organization]*

Date: _____

_____
Name of patient *[Please print]*

Date: _____

Per: Algonquin College Health Services
[Healthcare organization]

Ottawa Campus
1385 Woodroffe Avenue
Ottawa, Ontario, K2G 1V8
Tel: 613-727-4723 X 7222
Fax: 613-727-3166

Pembroke Campus
1 College Way
Pembroke, Ontario, K8A 0C8
Tel: 613-732-4700 X 2748
Fax: 613-735-4703

ALGONQUIN COLLEGE
Health Services

CONSENT TO SHARING OF INFORMATION

I, _____DATE OF BIRTH_____
FIRST NAME LAST NAME

Hereby authorize any staff/ physician at Algonquin College Health Services to release information regarding my healthcare, including diagnoses or any part of my medical record, to Travel Healthcare Insurance Solutions Inc. / guard.me and its insurers, for the purpose of administering claims.

I understand that this authorization will be valid until such time that consent is withdrawn in writing.

A photocopy, fax or digital copy of this original document shall be considered equally valid.

_____ _____
PATIENT'S SIGNATURE DATE

_____
WITNESS