

## **NOTICE**

Persons wishing to receive health care services at Queen's Health, Counselling and Disability Services who are not either a Canadian citizen or a landed immigrant, must complete the Consent Form on the other side of this notice.

This Consent Form acknowledges that, if a patient embarks on any complaint or legal action for professional services against any health care professional at Queen's Health, Counselling and Disability Services, they will do so only within the jurisdiction of Ontario.

Should you choose not to sign the attached Consent Form, the health care professionals at Queen's Health, Counselling and Disability Services will not be able to treat you.

Please take time to review and complete the Consent Form.

Thank you

## CONSENT FORM

### **GOVERNING LAW**

I hereby agree that the relationship between me and the physicians and other health professionals at Queen's Health, Counselling and Disability Services shall be governed by and construed in accordance with the laws of the Province of Ontario.

I hereby acknowledge that the treatment received at Queen's Health, Counselling and Disability Services will be performed in the Province of Ontario, and that the Courts of the Province of Ontario shall have the sole jurisdiction to entertain any complaint, demand, claim or cause of action brought by me, my heirs, assigns or representatives, whether based on alleged breach of contract or alleged negligence arising out of the treatment. I hereby- agree that I will commence any such legal proceedings, only in the Province of Ontario and hereby irrevocably submit to the exclusive Jurisdiction of the Courts of the Province of Ontario.

**PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ  
AND UNDERSTOOD THE ABOVE INFORMATION**

\_\_\_\_\_  
(Student Number)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)