

**QUEEN'S STUDENT WELLNESS SERVICES - HEALTH SERVICES
PATIENT INFORMATION AND CONSENT**

Information collected on the "Patient Information and consent" is collected pursuant to the Royal Charter of Queen's University 1841.

PLEASE NOTE: Queen's Health Services provides care to students currently enrolled at Queen's University. When you graduate or leave Queen's we will continue to offer you care until the day before the new term, if required.

Please make arrangements for alternate care before that time. We will transfer your medical records at your request if a signed consent is received directing us to do so.

Queen's Health Services No Show Policy

We ask for 24 hours notice when cancelling an appointment.

If you miss your appointment without cancelling, fees will apply at the following rates:

10 minute PHYSICIAN appointment---\$30.00

20 minute PHYSICIAN appointment---\$60.00

60 minute family PHYSICIAN COUNSELLING/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

10 minute NURSING appointment---\$10.00

Charges can be paid at Student Health reception within 30 days. If payment is not received in 30 days the charges will be applied directly to your Queen's SOLUS account.

PLEASE COMPLETE BOTH SIDES AND PLEASE PRINT:

Student #:

Faculty:

First Name: _____

Last Name: _____

Middle Name: _____

Preferred Name (if different than above): _____

Optional - Other information (ie. pronoun): _____

Birth Date: ___/___/___

Day / Mo. / Year

Queen's email address _____

Phone number you wish to be contacted at: _____

Campus or Kingston Address

Permanent Home Address

City/Town

Province

Postal Code

Provincial Health Insurance Number

Please Complete Back of Form

Please provide the name and contact information of a person whom we have permission to contact in case of emergency:

Name: _____ Relationship: _____

Business Phone:(____) _____ Home Phone:(____) _____

| Address | City/Town | Province | Postal Code |
|---------|-----------|----------|-------------|
|---------|-----------|----------|-------------|

Patient Acknowledgement & Common Consent for Release of Information

This form enables the professional members of staff to provide students with more effective service. If you are seen by a number of members of staff at SWS, it will be important for the professionals you see to share information so that they can provide you with the best possible service in a timely manner.

I, _____,
Name (Please Print)

hereby consent to the exchange of clinically relevant information about myself between those members of Student Wellness Services (SWS) who are involved in providing services to me. I understand that this consent to release information will be in effect while I am a student at Queen's University. I understand that no information will be released to anyone outside Queen's Student Wellness Service without your written permission, except where reporting is required by law or by relevant standards of professional practice:

1. Where there is suspicion that a child or children (that is, someone who is PRESENTLY under the age of 16) has been or is being neglected or physically, emotionally or sexually abused,
2. Where the client presents a serious danger of violence to others,
3. Where the client is likely to harm himself or herself unless protective measures are taken,
4. The medical records have been subpoenaed for use as evidence in court,
5. If a client reveals that he or she has been sexually abused by a health care provider who is covered by the Regulated health Professions Act (e.g., a psychiatrist, a nurse, a physician, etc.), the physician is obliged to report the name of the perpetrator to his or her governing body.

I understand that I may withdraw this consent at any time by making written notice to the Clinic Manager of Queen's Student Health, who will then inform all involved members of SWS of this withdrawal of consent.

I understand and give my consent that the staff of the Queen's Student Health Services use an Electronic Record to store my personal information and I have read and understand the document "Privacy of your information in an Electronic Record".

Student's Signature: _____ Date: _____

Witness Signature: _____ Date: _____