DALHOUSIE UNIVERSITY STUDENT HEALTH & WELLNESS CENTRE

Place patient label here:

Welcome to Dalhousie's Student Health and Wellness Centre. Our collaborative practice includes family physicians, psychiatrists, psychologists, counsellors, registered nurses, social workers and other Health and Wellness staff. This intake forms contains important information about the Centre's policies and practices, as well as questions for you as a new patient. It also asks for your consent for various information sharing practices.
Please read it carefully and ask your care provider for assistance if you have any questions.

Privacy, confidentiality and your personal information

- At the Centre, we collect personal information from our patients in order to provide safe, effective care. Personal Information includes your name, address, health card number, health history, etc.
- Our Centre is committed to protecting the privacy of your personal information and our staff understand the importance of maintaining patient confidentiality. Our staff receive training in privacy and confidentiality and our records are kept on a secure electronic health records system. Each user has a unique ID and password and regular audits of user access are conducted.
- Your personal information will be treated as confidential by our team and is shared within the Centre on a need-to-know basis. Disclosure of your personal information outside the clinic is only done with your consent unless the disclosure is permitted or required by law. For example, we may be required to disclose personal information outside the Centre without your consent to comply with standard legal requirements with respect to issues such as preventing clients from seriously physically harming themselves or others, court subpoenas, and the prevention of child abuse and elder abuse.

Collection, use and disclosure of your personal information

We collect, use and disclose your personal information as needed in order to:

- Evaluate your health care needs and provide health care to you.
- Consult with other Student Health and Wellness health care providers from time to time if such consultation is considered beneficial to you.
- Communicate with other health care providers outside the Centre who are involved in your care in order to administer your care, including, but not limited to specialists, pharmacists, physiotherapists, etc. This communication may involve making referrals for other health services, the exchange of written documents or reports, the ordering of diagnostic tests (i.e. blood tests, x-rays, psychological assessments), etc.
- Receive payment from your provincial health care plan, private insurer or other body for delivering care to you.
- Conduct quality improvement and risk management activities.
- Plan, administer and manage our internal operations, e.g. staff scheduling.
- Fulfill other purposes permitted or required by law, e.g., reporting abuse.

Use and Disclosure of personal information with other health care providers

We use and disclose your personal information to other health professionals as described above. However, if there is a specific health provider within the Centre or outside the Centre who is involved in your care, and you wish to limit what personal information is shared with them, please indicate the name of the health care provider/organization and any restrictions on sharing and we will do all we reasonably can to comply with your wishes:

Name of health care provider/organization: _____

I wish for only certain types of information to be shared with the above provider or healthcare organization, specifically:

_____

Disclosure of personal information with parent/guardians

We do not share your personal information with your parents or guardians without your consent. Please indicate your preference below:

- ☐ Do not share my personal information with my parent or guardian, including confirmation I am a patient at the Centre; or
- ☐ I consent to the Centre sharing the following information with my parent (s) or guardian(s) that I have named below:
  - ☐ Appointment date and times: yes or no
  - ☐ All information on my medical record: yes or no
  - ☐ All information on my counselling record: yes or no
  - ☐ Other instructions (please specify): _____

  Names of Parent(s)/ Guardian(s): _____

Masking Options in our Electronic Health Record

Our health professionals and staff are only authorized to access your electronic health record on a need-to know basis for the purposes described above. Our electronic health record system offers our patients the option of masking parts of their health record as an added privacy protection; however, the best quality of healthcare can be delivered to you when you share your health records with our full health professional team (on a need-to-know basis).

Please note that your contact information, healthcare billings, and record of appointments cannot be masked. **Please indicate your preference:**

- ☐ Do not mask my medical or counselling records. I understand they will be accessible to all Health and Wellness staff and health professionals, who are only authorized to access them on a need-to-know basis.
- ☐ Mask my medical records. I understand that they will only be accessible by my family physician **and I will not be able to receive care from the other medical health professionals** in the Centre such as registered nurses, social workers, or psychiatrists.
- ☐ Mask my counselling records. I understand they will remain visible to all counsellors, as my care may be managed by more than one counsellor at any given time.

Initials_____

Communication preference for appointments or follow up instructions:
Please indicate below your preferred method for the Centre to pass along appointment details or follow up instructions. Please note that while the Centre will use reasonable means to protect your personal information, the privacy and security of email and text communication cannot be guaranteed. Risks include, but are not limited to, interception by third parties, falsification of the sender or recipient's identity, or misdirection. We will never ask you to share sensitive personal or financial information by these methods and you will only receive emails or texts from either our appointment reminder system (Cliniconex), thenurse@dal.ca, or the clinic's Administrative Assistant.

☐ home phone ☐ cell phone** ☐ email ☐ text** **please ensure you have given us your cell phone number: _____

I have reviewed and understand the above information. I consent to the Centre collecting, using, and disclosing my personal information as described above, and in accordance with my chosen preferences. I understand I can change or withdraw my consent at any time by submitting a "Consent Change Form" that is available from the Centre's front desk staff.

Patient/client name (PLEASE PRINT): _____

Signature: _____ Date: _____

Missed Appointment Policy:
Please notify us as soon as possible when you have to cancel an appointment, as we can then offer that time to someone else waiting for care. The following rules apply for missed appointments:

- **Medical appointments:** You must call at least 24 hours prior to your scheduled appointment time to cancel or you will be charged a no-show fee for your appointment with your doctor ($40) or psychiatrist ($175).
- **Counselling appointments:** Two missed appointments in a row with a counsellor will require the client to contact the counsellor by phone or email to identify how you will prevent missing your appointment in the future prior to being allowed to book another appointment.

Initials_____

Governing Law & Jurisdiction

- I hereby agree that the resolution of any and all disputes arising from myself and either Dalhousie University or the healthcare providers (as well as employees, and other independent healthcare providers providing healthcare and treatment to me) at Student Health & Wellness, shall be governed within the laws of the Province of Nova Scotia.
- I hereby acknowledge that healthcare and treatment will be performed in the Province of Nova Scotia and that the Courts of the Province of Nova Scotia shall have jurisdiction over any complaint, demand, claim, or cause of action, whether based on alleged breach of contract or alleged negligence arising out of treatment. I hereby agree that if I commence any legal proceedings that they will be only in the Province of Nova Scotia with exclusive jurisdiction of the Courts of Nova Scotia.

Initials_____

It is often helpful for your health providers to know the following information about you to enhance their ability to provide you with care and treatment.
You do not have to answer these questions to receive services. If you choose to share this information, please answer the questions below:

How do you describe your sexual orientation?

☐ Lesbian, gay or homosexual
☐ Straight or heterosexual
☐ Bisexual
☐ _____
☐ Unsure

What is your gender?

☐ Male
☐ Female
☐ Genderqueer or not exclusively male or female
☐ _____

What was your sex assigned at birth?

☐ Male
☐ Female

Do you identify as transgender?

☐ Yes
☐ No
☐ Unsure

I have reviewed and understand the above information and conditions.

Patient/client name (PLEASE PRINT): _____

Signature: _____ Date: _____