

INFORMATION ABOUT STUDENT HEALTH & WELLNESS (SHW) FOR STUDENTS

Confidentiality

- Student Health and Wellness services are confidential. All communication between you and your Health Care Provider (e.g. Physician, Psychiatrist, Counsellor, Nurse, Social Worker or Health & Wellness staff) will be held in confidence. Please be aware that communication by e-mail or cellular phones is not considered confidential; however, you may consent to this method of communication below.
- Counselling client confidentiality is maintained according to the Canadian Code of Ethics for Psychologists (3rd edition, 2000, CPA; Principle 1, I.43-45), in compliance with the Personal Health Information Act (PHIA; June 1, 2013). This confidentiality is limited only by 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.
- Your personal information is collected under the authority of sections 30 - Nova Scotia Personal Health Information Act (PHIA), 24 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA); and PIPEDA guidelines. This information will be used for the purpose of evaluating your health care needs, ensuring adequate health insurance, collecting statistics, and to meet legal requirements.
- Our records are kept via an electronic health records system, which requires each user to log in with a user ID and password. Regular audits of users are conducted to ensure no breaches in privacy have occurred.

Shared Records

Records are kept separately for counsellors and physicians. If it becomes necessary for one health provider to share with another, you will be asked to consent to share your information between the counsellor and physician providing care to you and only those involved in your direct care will have access to your records. By signing below, you are consenting to the shared records preference indicated on this form. **You may change your preference for sharing of your medical or counselling information at any time by signing an independent shared records consent form.**

Missed Appointment Policy

- **Medical appointments:** Please note, if you do not call at least 24 hours prior to your scheduled appointment time, you will be charged a missed appointment fee for your appointment with a physician (\$35) 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.

Governing Law & Jurisdiction

- I hereby agree that the relationship and the resolution of any and all disputes arising from myself and either Dalhousie University or the Health Care Providers (as well as the agents, delegates, employees, and other independent Health Care Providers providing health care and treatment to me) at Student Health & Wellness, shall be governed by and construed in accordance with the laws of the Province of Nova Scotia.
- I hereby acknowledge that the treatment will be performed in the Province of Nova Scotia and that the Courts of the Province of Nova Scotia shall have jurisdiction to entertain 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 such legal proceedings that will be only in the Province of Nova Scotia, and hereby irrevocably submit to the exclusive jurisdiction of the Courts of Nova Scotia.

CONSENT: *Please check all that apply:*

- I have read and understood the above information. I am aware of the nature and the limits of this information regarding "Confidentiality", "Missed Appointment Policy", and "Governing Law and Jurisdiction".
- I consent to Student Health & Wellness staff communicating with me according to my preferred method of contact to pass along appointment details or follow up instructions.
- I consent, when necessary, consultations, including exchange of written information documents or reports, may be made with other professionals to ensure the best possible health care. Your health care provider may consult with other Student Health and Wellness health providers from time to time if such consultation is considered beneficial to you. If your health provider thinks that it will be useful to discuss your progress or situation with another person outside of the above listed, this will be done only after conferring with you and with your written consent.
- I give my consent for Student Health and Wellness staff who have a need to know, to collect, use and disclose my personal health information as may be necessary to provide me with health care and to administer that care, including:
- Communication with a pharmacist to whom I have provided a prescription written by my physician.
 - Student Health & Wellness may conduct, order and receive the results from diagnostic tests, such as blood tests or x-rays, which will assist in the diagnosis of illness.
 - Student Health & Wellness may disclose my personal information to insurance companies designated by me or government agencies that insure health services for the purposes of obtaining payment for health services.

Patient/client name (PLEASE PRINT): _____

Signature: _____

Date: _____

STUDENT HEALTH & WELLNESS INTAKE FORM (STUDENTS)

Legal Name:		B00#:	
Preferred Name:			
Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>While Student Health & Wellness recognizes a number of genders/sexes, many provincial health plans, insurance companies and legal entities, unfortunately, do not. Please be aware that the name and sex you have listed on your health plan or insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know on this form.</i>			
Local Address:			DOB: day/month/year
Permanent Address:		Age:	University: <input type="checkbox"/> Dalhousie <input type="checkbox"/> Kings
		Phone:	
		Email:	
Emergency contact:			
Emergency contact phone#:		Relationship to you:	
International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, country of origin:	
Health card # REQUIRED :		Expiry date:	Province:
Do you think of yourself as: <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else _____ <input type="checkbox"/> Don't know What is your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Genderqueer or not exclusively male or female What is your sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female Do you identify as transgender or transsexual? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	Sharing of records (mark all that apply): <ul style="list-style-type: none"> • Parent/guardian <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify name _____ • Medical history only <input type="checkbox"/> yes <input type="checkbox"/> no • Counselling history only <input type="checkbox"/> yes <input type="checkbox"/> no • All records <input type="checkbox"/> yes <input type="checkbox"/> no • Only with specific provider <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify name _____ • 3rd party (i.e. lawyer, insurance company) <input type="checkbox"/> yes <input type="checkbox"/> no and specify: _____ 	Communication preference: <input type="checkbox"/> home phone <input type="checkbox"/> cell phone <input type="checkbox"/> email <input type="checkbox"/> text** <i>please ensure you have given us your cell phone number above</i>	
Student Health & Wellness is collecting the below information in addition to data from Dalhousie's Registrar's Office such as Student Status, Faculty, and Year of Program for demographic purposes only. Information provided will not affect your care.			
Please identify your Ethnic Identity or Cultural Heritage: <i>Examples: Han Chinese, Hindustani, Arab, Bengali, Punjabi, Assyrian, Fula, Hausa, Igbo, etc.</i> _____ Please identify your Racial Identity: <i>Examples: Asian, Black, Caucasian, Indigenous, Indigenous North American, etc.</i> _____	Visit suggested by: <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Advising/Access Services <input type="checkbox"/> Came on your own <input type="checkbox"/> Faculty member <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> International Student Centre/advisor <input type="checkbox"/> Other User of our Centre <input type="checkbox"/> Residence Assistant <input type="checkbox"/> University Official <input type="checkbox"/> Other	Learned about SH&W from: <input type="checkbox"/> Dal email notice <input type="checkbox"/> Dal website <input type="checkbox"/> Faculty member <input type="checkbox"/> Gazette/Sextant <input type="checkbox"/> Other Students <input type="checkbox"/> Orientation <input type="checkbox"/> Posters <input type="checkbox"/> Residence Assistant <input type="checkbox"/> Student Group <input type="checkbox"/> University official <input type="checkbox"/> Other	Residence at University: <input type="checkbox"/> University dormitory <input type="checkbox"/> Room or apartment <input type="checkbox"/> Private home <input type="checkbox"/> Other university accommodation <input type="checkbox"/> Other