

New Patient Registration and Consent Form

Patient Information			
Last Name:			
First Name:			
Preferred Name:			Date of Birth: yyyy-mm-dd
Legal gender on health card: <input type="checkbox"/> Male <input type="checkbox"/> Female		Preferred Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Undisclosed	
Student Number:	Program Course:	Year Started: yyyy-mm-dd	Expected Graduation Date: yyyy-mm-dd
Street Number:	Street Name:		Apt. or Room Number:
City:		Province:	Postal Code:
Algonquin College Email:			Phone Number: (XXX) XXX-XXXX
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:		Please indicate if life threatening:
Domestic Student/Employee			
Health Card Number:		Expiry Date:	Province:
International Student			
GuardMe Policy Number:			Expiry Date:
Emergency Contact			
Name:			Phone Number: (XXX) XXX-XXXX
Relationship to patient:			
Patient Contact Preference			
Do we have your permission to leave you a message regarding your appointments, results, or other confidential information? <input type="checkbox"/> Yes <input type="checkbox"/> No			I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Phone

Algonquin College Health Services

Algonquin College of Applied Arts and Technology Health Services offers a range of health care services. Our physicians and nurses provide excellent medical and nursing care focusing on students' specific needs. Services include, but are not limited to, physical exams, sexual/reproductive health, first aid, injuries, mental health, health counselling, injections, prescriptions and referrals to other health professionals and services. All services are confidential.

☐ I understand that upon discontinuing my studies/employment with Algonquin College, or upon graduation from Algonquin College, I can no longer access Health Services and must transfer my care to another physician outside of the College.

☐ I understand that if I do not give 24 hours notice to cancel or reschedule an appointment, and I do not attend my appointment, I may be subject to a missed appointment fee of \$25.00.

I understand that arriving late for my appointment could result in:

- Having to reschedule my appointment
- A missed appointment fee
- Longer waiting times for myself and others

Personal Health Information Notice and Consent

We want you to understand the services that we provide to you and what we do with the personal information that we obtain from you. If you have any questions, please ask us.

The staff in Health Services is bound by law, ethics and the Algonquin College Privacy Policy to safeguard your privacy and the confidentiality of your personal health information. We collect, use and disclose only the information necessary for your care. Personal information will not be used for any other purpose or disclosed to anyone outside of Health Services without your written consent, except as permitted or required by law.

There are exceptions to an individual's right to privacy as defined by the law. We have the **Duty to Report** in the following circumstances:

1. If there is suspicion that a child/children (under the age of 16) has been or is being physically, sexually or emotionally abused.
2. If you are at serious risk of causing harm to yourself or another person.
3. If you tell us that you have been sexually abused by a regulated health care professional and you choose to provide the name of that individual.
4. If your medical record has been subpoenaed by a court judge.
5. If you have been diagnosed with a communicable disease that is reportable to the Medical Officer of Health.

There are other circumstances detailed in the Personal Health Information Protection Act (PHIPA), 2004, where we may be permitted or required to use or disclose your personal health information for purposes other than health care.

☐ I understand and agree that Health Services may make use of the assistance of other medical practitioners or assistants or other regulated health professionals, both within and outside the College, and may share my personal health information with them for the purpose of providing care or assisting in providing care. Health Services may consult professionals at Algonquin College Counselling Services and the Centre for Accessible Learning (CAL) who may assist in my care.

☐ I hereby agree that Health Services can collect, use and disclose personal information about me as outlined above. I understand that my consent is valid while I am a student or employee of Algonquin College and for as long as I am a patient of Algonquin College Health Services, whichever date is the latter. I understand that I may withdraw this consent at any time by making a written notice to the Manager, Health Services.

Personal information on this form is collected in accordance with the Personal Health Information Protection Act (PHIPA), 2004. Inquiries about the collection of information should be directed to the Manager of Health Services.

I acknowledge having read, understood and agreed to all of the information shared on these 2 pages.

Patient Name (please print): _____

Patient Signature: _____ Date: _____