

# CONFIDENTIAL INFORMATION FORM / FORMULAIRE D'INFORMATION CONFIDENTIELLE

FOR MCGILL UNIVERSITY STUDENT HEALTH SERVICES ONLY / POUR LES SERVICES DE SANTÉ DES ÉTUDIANTS DE L'UNIVERSITÉ MCGILL

P L E A S E      P R I N T      C L E A R L Y

## BASIC INFORMATION / INFORMATION DE BASE

<b>Faculty / Faculté</b>		<b>Major / Majeure</b>		<b>Student Number / Numéro de matricule</b>									
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<b>Legal Last Name / Nom légal</b>						<b>Legal First Name / Prénom légal</b>							
<b>Date of Birth / Date de naissance</b>						<b>Sex/Sexe (M/F)</b>		<b>Marital status / état civil</b>					
YEAR/ANNÉE		MONTH/MOIS		DAY/JOUR		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Single		<input type="checkbox"/> Married			
<b>Health card Number / no. d'assurance médicale</b>				<b>Expiry / Expiration</b>				<b>Province / Contract #</b>					
				YEAR/ANNÉE		MONTH/MOIS							

## SCHOOL YEAR ADDRESS / ADRESSE PENDANT L'ANNÉE SCOLAIRE

<b>Civic # / No. Civic</b>		<b>Street / Rue</b>			<b>Appt</b>		<b>City / Ville</b>		
<b>Province</b>		<b>Postal Code / Code Postal</b>		<b>Country / Pays</b>			<b>Tel / Tél</b>		
<b>Cell</b>				<b>Email / Courriel</b>					
				<input type="checkbox"/> @mail.mcgill.ca					

## PERMANENT ADDRESS / ADRESSE PERMANENTE

<b>Civic # / No. Civic</b>		<b>Street / Rue</b>					<b>Appt</b>	
<b>City / Ville</b>		<b>Province</b>	<b>Postal Code / Code postal</b>		<b>Country / Pays</b>		<b>Tel / Tél</b>	

## EMERGENCY CONTACT / PERSONNE À CONTACTER EN CAS D'URGENCE

<b>Name of contact / Nom du contact</b>		<b>Relationship to you / Lien avec vous</b>		<b>TEL # / No. de Tel</b>	

## ACKNOWLEDGEMENT OF THE APPLICABLE LAW AND TERRITORIAL JURISDICTION / ACCEPTATION DES LOIS APPLICABLES ET DE JURIDICTION TERRITORIALE

The user/patient agrees that the relationship between himself/herself and physicians, nursing staff and laboratory technicians at Student Health Services of McGill University shall be governed by and construed in accordance with the laws of the Province of Quebec.

The user/patient acknowledges that the treatment/service was performed in the Province of Quebec and that the Courts of the Province of Quebec 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 the treatment. The user/patient hereby agrees that he/she will commence any such legal proceedings in the Province of Quebec – and only in the Province of Quebec – and hereby submits to the exclusive jurisdiction of the Courts of the Province of Quebec.

*Je conviens que ma relation avec les médecins, autres professionnels de la santé, techniciens de laboratoire et toute personne des SSE McGill sera interprétée conformément aux lois de la province de Québec.*

*Je reconnais que les traitements sont / ont été effectués dans la province de Québec et que les tribunaux de la province de Québec ont juridiction exclusive pour recevoir toute plainte, demande, réclamation ou base d'action, fondée sur des principes de droit contractuel ou sur une responsabilité civile alléguée en lien avec les traitements. J'accepte donc d'intenter toute poursuite judiciaire de cette nature uniquement dans la province de Québec et je reconnais la juridiction exclusive des tribunaux de la province de Québec.*

<b>USER/PATIENT SIGNATURE:</b>	<b>DATE:</b>	<b>WITNESS:</b>

## CONSENT TO RELEASE OF PERSONAL INFORMATION

(under section 67.2 of the *Act respecting Access to documents held by public bodies and the Protection of personal information*, R.S.Q. c. A-2.1)

With your consent, McGill University (“**McGill**”) through Student Health Services (“**McGill SHS**”) will allow your medical and personal information to be released to a third party service provider (“**Service Provider**”) for the purposes and in the manner described below. Under the law, this personal information can only be released to a third party with your consent. Once signed by you, this consent will be electronically stored and archived by McGill. You may revoke this consent in writing at any time by contacting McGill SHS.

### What information will be released ?

The information gathered by McGill SHS includes your personal address and contact information, citizenship, place and date of birth, next of kin, health insurance details and all of the medical information entered by physicians, nurses and other medical professionals in your medical file.

### Purpose of the release of personal information

You hereby consent to the release of your personal and medical information for the following purposes: (1) to create your electronic medical record to be hosted on servers of the Service Provider for the purpose of providing you unified healthcare, (2) to allow certain professionals of McGill SHS to access and share your medical record among themselves and (3) to archive your medical information in accordance with the rules applicable to the health professionals that you will consult at McGill.

**Access:** You may obtain a copy of the personal and medical information stored by the Service Provider by contacting McGill SHS and completing the appropriate release of information forms.

**Records retention:** Your personal and medical information will be stored on the servers of the Service Provider permanently unless you revoke this consent in writing, in which case all of your information will be erased from the servers of the Service Provider. However, McGill SHS will need to keep a copy of your information locally.

**Sharing with outside medical professionals:** Your personal and medical information may be shared with other medical professionals not affiliated with McGill once you have given them permission (provided that you are a patient of such professionals and that they are a client of the Service Provider or that they practice in an institution which is a client of the Service Provider) during and after your studies at McGill.

**Other consents:** Any consent given by you on separate consent forms will allow to do electronically (on servers of the Service Provider) what you originally consented or may consent in the future.

If you wish to know more about the rules governing the information to which this consent relates, see “Additional Information”.

**I hereby consent to the release my personal information under the conditions described above. My consent is revocable.**

<b>DATE:</b>		<b>SIGNATURE:</b>	
<b>McGill ID:</b>		<b>Print name:</b>	

### Additional information

**The Service Provider:** The Service Provider is a reputable Quebec based information technology company specializing in medical I.T. services.

**Confidentiality and security:** McGill has concluded a written contract with the Service Provider in which the security measures deployed for safeguarding the confidentiality of your personal and medical information are described in detail. Every person who provides services to the Service Provider, as an employee or otherwise, is bound by a confidentiality agreement. The Service Provider has an obligation to report to McGill any violation or attempted violation of its confidentiality obligations and to provide details. The Service Provider may be inspected by McGill to verify compliance.

**Corrections:** Your personal and medical information may be corrected if (1) the medical professional who treated you wishes to delete such information provided he/she has the right to do so, or (2) after consultation with your McGill SHS medical professional, he/she instructs the Service Provider to correct any information which is false, incomplete or out-of-date.