

Welcome to Cape Breton University's Max Bell Health and Counselling Centre!

Our collaborative practice includes Physicians, Registered Nurses, Social Workers and other Health and Counselling staff. This intake form 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**

Max Bell Health and Counselling Centre is committed to protecting the privacy of your personal information and respecting your right to confidentiality. 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.

Max Bell Health and Counselling Centre is subject to privacy legislation in Nova Scotia including, but not limited to, Freedom of Information & Protection of Privacy Act (FOIPOP), Personal Information International Disclosure Protection Act (PIIDPA), and Personal Health Information Act (PHIA). PHIA is a law that balances your right to have your personal health information protected with the need of those in the health sector to use your information to provide services. Under PHIA, you have the right to have your personal health information collected, used, disclosed, retained and destroyed according to the provisions in PHIA. Additional information about your rights under PHIA can be found at <https://novascotia.ca/DHW/PHIA/>

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 Centre 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 legal requirements, such as reporting child abuse or threats to yourself or others.

### **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 Max Bell Health and Counselling Centre health professionals for the purpose of providing health care 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 care 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 take all reasonable steps to comply with your wishes. If you direct us to provide limited information to a health care provider, please note that we will have to inform the health care provider that the information they received is incomplete.

Name of health care provider/organization:

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

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### **Disclosure of Personal Information to Cape Breton University**

Your health care provider will not discuss your personal health information with members of the university without your express consent, unless permitted or required by law. There may be occasions when members of the university need some information on your status in order to assist with academic or other requirements. This will be discussed with you should the need arise as part of your care plan, and you will decide what information is shared and provide consent to share this information.

**Disclosure of Personal Information to Parent/Guardians**

We do not share your personal information with your parents or guardians without your consent. Please indicate below if you would like your parents to receive your personal health information:

**No:** I do not wish for my parents to receive my personal health information

**Yes:** I wish for **my parents** to receive my personal health information

I wish for only certain types of information to be shared with my parents specifically:

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**Communication Preference for Appointments or Follow Up Instructions**

Please indicate 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, or the clinic's Administrative Assistant, unless you have established a care plan that involves one of our health providers emailing or texting you directly.

Please circle your preferred method of communication below:

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 staff.

Patient/client name (PLEASE PRINT):

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Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

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)
- **Counselling appointments:** Two missed appointments in a row with a counsellor will require the client to contact the counsellor or manager by phone or email to identify how you will ensure you do not miss future appointments, before being allowed to book another appointment.

**Governing Law & Jurisdiction**

- I hereby agree that the resolution of any and all disputes arising from the student/patients' use or care at the health centre, in relation to my use of, access to or care provided at Max Bell Health & Counselling Centre, or the healthcare providers (as well as employees and other independent healthcare providers providing healthcare and treatment to me) at Max Bell Health & Counselling Centre, shall be governed by the laws of the Province of Nova Scotia and the laws of Canada applicable therein.
- 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: \_\_\_\_\_