



ENC # Patient ID #
Patient Name
DOB AGE Gender
PROVINCIAL HEALTH NO.
Address:
Res. Code
Telephone: () -

Workload :

GOVERNING LAW AND JURISDICTION AGREEMENT

GOVERNING LAW

I hereby agree that:

- a) all aspects of the relationship between me and Muskoka Algonquin Healthcare (as well as its agents, delegates, employers, and any physicians and other independent health care practitioners providing medical or other health care and treatment to me at or in association with Muskoka Algonquin Healthcare), including without limitation any medical or other health care and treatment provided to me, and
- b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement,

shall be governed by and construed in accordance with the laws of the Province or Territory of Ontario and the laws of Canada applicable therein.

JURISDICTION

I hereby acknowledge that the medical or other health care and treatment I receive from Muskoka Algonquin Healthcare will be provided in the Province or Territory of Ontario, and that the Courts of the Province or Territory of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other health care and treatment, or from any other aspect of my relationship to Muskoka Algonquin Healthcare.

Date _____

Name of Patient (please print)

Signature of Patient /
Substitute decision-maker on behalf of patient