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**HEALTH AND WELLNESS CENTRE**

**51 MCCAUL ST., TORONTO, ON M5T 2W7**

**T: 416-977-6000 X 260 F: 416-977-5465**

**E: hwc@ocadu.ca**

# INFORMATION ABOUT ACCESSING SERVICES FROM THE HEALTH AND WELLNESS CENTRE

* We are a team of health care professionals. The team includes: nurses, clinical counsellors, therapists, family physicians, psychiatrists and students pursuing degrees in a health care field. Our team works in a collaborative fashion, meaning we consult as professionals in order to better serve you and enhance the level of care we provide.
* If you are not able to attend any scheduled appointment please let us know in as far advance as possible in order for us to book another in your place, a minimum of 24 hours notice is requested. Voice mail messages and email cancellations can be made 24hours a day/7days a week.
* The Centre uses email to communicate with students with regard to appointment scheduling, appointment reminders, referral notifications and notifications to contact the Centre. You have the right to decline email communication and the inclusion of your email address in your confidential health record.
* If you have questions or concerns about your care please speak with any member of our health care team.

# INFORMATION ABOUT CONFIDENTIALITY

* All information disclosed during visits to the Health and Wellness Centre is confidential and will not be released to anyone outside the Health and Wellness Centre without your written permission. In certain circumstances however, health professionals are required by law to waive confidentially, for example:
1. where there is suspicion that a child has been or is being neglected or physically, emotionally or sexually abused;
2. where you present a serious risk of harm to yourself or others;
3. for the purpose of a legal proceeding and, or complying with a court order; or
4. if you report being sexually abused by a regulated health professional (e.g., psychologist, nurse, or physician, etc.)
* At times your health care provider may ask that you provide consent to consult with people outside the Health and Wellness team. You have the right to grant or refuse this permission by signing additional consent forms

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Thank you for taking the time to read this important information. If you have any questions about this document please ask any member of the Health and Wellness team.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and accept the circumstances which limit confidentiality. I have also read, understand and accept the parameters that guide the services of the Health and Wellness Centre.

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Signature Student Number

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Witness Date