



**University of Toronto Health and Wellness
Health Services (HS) and Counselling and Psychological Services (CAPS)
Service Agreement**

This document contains important information about the services offered at Health and Wellness (H&W). If you have any questions about what you read, feel free to ask your clinician or counsellor about them. If you have any concerns about the services provided, you may address them by contacting Janine Robb of H&W, at janine.robb@utoronto.ca.

PRIVACY AND CONFIDENTIALITY

H&W will hold information about you in confidence and will share this information only with others involved in your health care.

H&W clinicians and counsellors will use information about you only to provide or assist in providing health care to you. **H&W very rarely may be required to disclose information to authorities in or outside the university, if:**

- 1. There is concern that you may harm yourself or someone else or be unable to care for yourself;**
- 2. You reveal apparent, suspected, or potential child abuse or neglect;**
- 3. You report sexual abuse by a Regulated Health Care Professional;**
- 4. A court requires your records or that your clinician or counselor testify;**
- 5. Your physician or psychiatrist assesses you to have a medical condition that significantly impairs your ability to operate a motor vehicle.**

CANCELLATION POLICIES

Once an appointment is scheduled, you will be expected to attend that appointment unless you give CAPS or HS their required advance notice. More notice than the minimum required, when possible, would be appreciated as it helps us ensure we are assisting as many University of Toronto students as possible.

Cancellation Policy at Health Services: If you are unable to attend any scheduled appointment please call Health Services at 416.978.8030 or go to my.healthandwellness.utoronto.ca. You can use your Web Access Account to cancel appointments scheduled 24 hours in advance.

- Cancellation of a regular 15 minute medical appointment requires at least 4 hours' notice. Failure to give proper notification will result in a charge of \$40 to you.
- Cancellation of an annual physical appointment or 30 minute appointment requires at least 24 hours' notice. Failure to give proper notification will result in a charge of \$60 to you.
- If you fail to attend a scheduled appointment on two separate occasions without providing appropriate notice you may no longer be eligible for services offered at Health Services.

Cancellation Policy at CAPS: If you are unable to attend any scheduled appointment, please call CAPS at 416.978.8070 to cancel the appointment as soon as possible.

- a. If you fail to provide 24 hours' notice and do not arrive at your appointment, you will be charged a \$45 fee.
- b. If you fail to attend a scheduled appointment on two separate occasions without providing appropriate notice you may no longer be eligible for services offered at CAPS.
- c. If you have regularly scheduled appointments and do not arrive at one of these appointments, your subsequent appointment times may not be held for you in the following weeks.

CONTACTING YOUR CLINICIAN OR COUNSELLOR

You can reach your physician at Health Services by contacting reception or by leaving a telephone message at 416.978.8030. For a CAPS clinician or counsellor, you may leave a telephone message at 416.978.8070. We try to return calls the same day, but it may take longer. As a policy, clinicians and counsellors will not correspond with students by email as it is not a secure and dependable medium. Crises arising outside of our business hours should be dealt with by going to your nearest hospital emergency. For emotional or psychological crises, you can also contact the Gerstein Centre at 416.929.5200.

For general administrative inquiries, you may email Ms. Nancy Pollock, Clinic Manager of H&W at nancyd.pollock@utoronto.ca. This e-mail is not intended for booking or cancelling appointments. From time to time, H&W will email you information regarding service updates, lab results, appointment reminders, etc.

PROFESSIONAL RECORD

The clinicians and counsellors are required to keep visit records and you are entitled to receive a copy of your records upon formal request.

Please sign below to indicate that you have read this agreement, understand it, and agree to the conditions outlined.

Print Name: _____
Last Name, First name

Signature: _____

Date: _____
(DD/MM/YYYY)

Student Number: _____