

Welcome to the UNBC Wellness Centre.

Before you speak to Wellness Centre staff (Access Resource Centre, Medical Clinic, and Counselling Services), we would like to make sure you are aware of the following:

- ❖ The Freedom of Information and Protection of Privacy Act RSBC 1996 c.165, controls how the Wellness Centre collects, uses, stores, discloses and disposes of any personally identifiable information and personal medical information.
- ❖ Your sessions at the Wellness Centre are confidential and the information that you disclose may only be shared with Wellness Centre staff to serve your wellness needs.
- ❖ Your personal information will remain confidential unless
 - We believe that there is a possibility of a child at risk of abuse or neglect;
 - We determine there is imminent risk that you will harm yourself or others;
 - A court of law or the Ministry of Children and Family Development lawfully demands the information;
 - You provide written permission to share information with a specific individual or organization.
- ❖ As we are a teaching facility, your service provider may ask if practicum students and / or other Wellness Centre staff can attend your appointment. If you are not comfortable with this for any reason please let us know so other arrangements can be made.
- ❖ Wellness Centre staff and service providers will use reasonable means to protect the security and confidentiality of information sent and received while using telephone and video conferencing. We want to inform you of the following:
 - Electronic communications of any kind can be intercepted without the knowledge of participants.
 - UNBC cannot guarantee the security of information that isn't managed directly in our internal systems.
 - The risks and benefits to any particular service will be outlined by the Wellness Centre staff.
- ❖ The personal information collected within your client file is stored electronically for up to sixteen years by Counselling Services and the Medical Clinic and five years for the Access Resource Centre after your final visit.

I have read this form and /or it has been explained to me, and I understand how personal information I provide to the Wellness Centre will be handled.

Client Name: _____

Signature: _____

Student Number: _____

Date: _____

Legal Name: _____
 First Middle Last Preferred Name

Birthdate: ____/____/____ Pronouns: She He They Other: _____
 YYYY MM DD

Gender: Female Male Non-binary Trans-feminine Trans-masculine Other: _____

Province: _____
 Health Care Card # _____

Current Address:
 (Please state if Residence is Neyoh or Keyoh)

 Apt. # Street Address City Province Postal Code

Permanent Mailing Address If different from above:
 (Your usual summer address)

 Apt. # Street Address City Province Postal Code

Cell Phone No: _____
 Home Phone No: _____
 Email: _____@unbc.ca
 Preferred method of communication & messages:

Cell Phone Email Home Phone

Student ID # _____
 Academic program enrolled: _____

Year: 1st 2nd 3rd 4th

Family Physician: _____
 City: _____

Phone # _____

EMERGENCY CONTACT INFORMATION:

Name: _____
 Relationship: _____

Home # _____
 Cell # _____

Do you identify as an Aboriginal person? _____
 Nation: _____
 Status No: _____
 Community / Band: _____

Yes _____ No _____

Are you an international student?

Yes _____ No _____