

Vancouver Coastal Health Authority

# GOVERNING LAW & JURISDICTION AGREEMENT

DATE	NURSING UNIT
MR, MISS, MRS	UNIT NUMBER
SURNAME	GIVEN NAME
DOCTOR	(PLEASE USE FULL CAPITALS)
SEX	AGE

## Governing Law

I hereby agree that:

- a) all aspects of the relationship between me and Vancouver Coastal Health Authority (as well as its agents, delegates, employees and any physicians and other independent health care practitioners providing medical or other health care and treatment to me at or in association with Vancouver Coastal Health Authority) including without limitation any medical or other health care 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 of British Columbia and the laws of Canada applicable therein.

## Jurisdiction

I hereby acknowledge that the medical or other health care and treatment I receive from Vancouver Coastal Health Authority will be provided in the Province of British Columbia, and that the Courts of the Province of British Columbia 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 Vancouver Coastal Health Authority.

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Name of Patient (Please print)

\_\_\_\_\_  
Name of Witness (Please print)

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

\_\_\_\_\_  
Signature of Witness