

Site: _____

Governing Law and Jurisdiction Agreement [for Health Care Organizations]

Governing Law:

I hereby agree that:

- a) all aspects of the relationship between me and the Fraser 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 the Fraser Health Authority 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 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 the Fraser Health Authority will be provided in the Province or Territory of British Columbia, and that the Courts of the Province or Territory 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 the Fraser Health Authority.

Date _____

Name of Patient (Please Print)

Signature of Patient/
Substitute decision-maker on behalf of patient
Relationship to Patient: _____

Name of Witness

Signature of Witness