

CONSENT FORM FOR NON-CANADIAN RESIDENTS

GOVERNING LAW

THE PATIENT _____ AGREES
THAT THE RELATIONSHIP BETWEEN HIMSELF/HERSELF AND DR _____
SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF
THE PROVINCE OF BRITISH COLUMBIA.

JURISDICTION

THE PATIENT _____ ACKNOWLEDGES
THAT THE TREATMENT/SERVICE WAS PERFORMED IN THE PROVINCE OF BRITISH
COLUMBIA AND THAT THE COURTS OF THE PROVINCE OF BRITISH COLUMBIA
SHALL HAVE JURISDICTION TO ENTERTAIN ANY COMPLAIN, DEMAND, CLAIM, OR
CAUSE OF ACTION, WHETHER BASED ON ALLEGED BREACH OF CONTRACT OR
ALLEGED NEGLIGENCE ARISING OUT OF THE TREATMENT. THE PATIENT HEREBY
AGREES THAT HE/SHE WILL COMMENCE ANY SUCH LEGAL PROCEEDINGS IN THE
PROVINCE OF BRITISH COLUMBIA AND ONLY IN THE PROVINCE OF BRITISH
COLUMBIA AND HEREBY SUBMITS TO THE JURISDICTION OF THE COURTS OF THE
PROVINCE OF BRITISH COLUMBIA.

PATIENT SIGNATURE _____ PRINTED NAME _____

WITNESS SIGNATURE _____ PRINTED NAME _____

DATED THIS _____ DAY OF _____, 20_____ AT
WHITE ROCK, BRITISH COLUMBIA