STUDENT HEALTH CENTRE

PO BOX 4400
Fredericton, NB
Canada
E3B 5A3

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shc@unb.ca
go.unb.ca/healthcentre

Dr. A. Martin
Stacey Taylor, NP
Dr. J. Law

PATIENT AGREEMENT FORM:

Affix Patient Label Here

Please initial each statement below to indicate that you have read, understand, and agree with the following:

_____ I am a full-time or part-time student in a degree program at UNB or STU

_____ I authorize the Student Health Centre to contact me by phone, email and send text appointment reminders.

_____ I agree to keep my account at the UNB SHC in good standing. *Payment of outstanding fees is required in full prior to receiving additional services.*

_____ **I agree to provide the UNB SHC with updated contact information and will notify the SHC if there are any changes in phone number, email, or address. *(Hospital appointment details are mailed to the address on file, and specialist appointments are booked using the phone number on file)***

_____ **I agree to abide by cancellation policies or show up for arranged appointments and hospital testing and I understand that failure to do so is costly and results in reduced appointment availability and delayed medical treatment for other patients.**

NO-SHOW POLICY/FEES

Cancellations must be received by 8am on the day of your appointment through the text message link or email shc@unb.ca. No-show fees (cash or EMT) must be paid in full prior to additional service.

NO-SHOW FEES

(CASH or EMT ONLY, payment required in full prior to additional service)

Dietitian appointment missed	**$25**
Nursing appointment missed	**$10**
Physician appointment missed	**$35**

_____ I acknowledge I have read and understand the above no-show policy/fees

STUDENT SIGNATURE: _____ **PRINTED NAME:** _____

DATE: _____

WITNESS SIGNATURE: _____ **PRINTED NAME:** _____

DATE: _____