Governing Law and Jurisdiction Agreement

for healthcare organizations

This agreement ("Agreement") is entered into by and between _____ and
[Name of patient]

_____ (collectively, the "Parties").
[Healthcare organization]

Governing Law

The Parties hereby agree that:

    a)   all aspects of the relationship between _____ and
                          [Name of patient]

            _____ (as well as her/his agents, delegates, employees, and any
            [Healthcare organization]

            physicians and other independent healthcare practitioners providing medical or other healthcare and

            treatment to_____, or in association with_____),
                  [Name of patient]   *[Healthcare organization]*

            including without limitation any medical or other healthcare and treatment provided to

            _____, and
            [Name of patient]

    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 _____
                                                                              [Province or territory]

(other than conflict of laws rules) and the laws of Canada applicable therein.

Exclusive Jurisdiction

The Parties hereby acknowledge that the medical or other healthcare and treatment received by

_____from _____ will be provided in the
[Name of patient]   *[Healthcare organization]*

province or territory of_____, and that the Courts of _____
                      [Province or territory]   *[Province or territory]*

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 healthcare and treatment, or from any other aspect of the relationship

between _____ and _____.
            [Name of patient]   *[Healthcare organization]*

Date: _____

_____   _____
Name of patient *[Please print]*   Signature of patient / substitute
                                            decision-maker on behalf of patient

Date: _____

Per: _____   _____
[Healthcare organization]   Name *[Please print)]*