

Governing Law and Jurisdiction Agreement

for physician in private practice

This agreement ("Agreement") is entered into by and between _____ and
[Name of patient]
Camp Ponacka Physicians _____ (collectively, the "Parties").
[Physician in private practice]

Governing Law

The Parties hereby agree that:

- a) all aspects of the relationship between _____ and
[Name of patient]
Camp Ponacka Physicians _____ (as well as her/his agents, delegates, employees, and any
[Physician in private practice]
physicians and other independent healthcare practitioners providing medical or other healthcare and
treatment to _____, or in association with **Camp Ponacka Physicians** _____),
[Name of patient] [Physician in private practice]
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 **Ontario**
[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 **Camp Ponacka Physicians** _____ will be provided in the
[Name of patient] [Physician in private practice]
province or territory of **Ontario** _____, and that the Courts of **Ontario** _____
[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 **Camp Ponacka Physicians** _____.
[Name of patient] [Physician in private practice]

Date: _____

Name of patient [Please print]

Signature of patient / substitute
decision-maker on behalf of patient

Date: _____

Camp Ponacka Physicians

Name of physician in private practice [Please print]

Signature of physician in private practice

Amolawet - Director
on behalf of Camp
Physicians