

# 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]