

QUEEN'S UNIVERSITY SCHOOL OF MEDICINE CONSENT & NOTICE OF DISCLOSURE FORM 2022

Photo Consent Information

Your photo will form part of your student file at the School of Medicine and will be used for identification purposes by administrative and student services offices, and by instructors to assist in memory recall in learning student names and when providing references for employment. It is to your advantage to have this photo taken, although it is your option to do so. The School of Medicine requests this photo for the use of the members of the School of Medicine exclusively. Your photo will only be used in accordance with privacy legislation. Storage, retention, and destruction of your personal information complies with existing legislation, and privacy protection protocols.

I have read the above and agree to the terms and conditions for the duration of the undergraduate medical education program.

Name: _____

Signature: _____

Date: _____

Notice of Collection, Use and Disclosure of Student Information and Release to Governing Bodies

Every year several governing bodies and Ontario hospitals ask us to report on clerkship core rotations and electives for each student. This report directly relates to funding to the hospitals, by the Ministry of Health, as they are paid the number of "days" that a specific student has done a rotation or elective. The Ministry of Health requires the information to identify if the "same" student is being reported by another hospital in Ontario at the same time frame etc, to ensure there are no conflicts. Information that is requested at any one time can be one or several of the following: name, gender, email, student number, and medical identification number for Canada (MINC), date of birth and date of graduation. Your personal information is intended to be used for the purposes of and those consistent with the administration of institutional planning and statistics; reporting to affiliated institutions such as hospitals; reporting to government agencies and professional licensing bodies; reporting to medical associations, sponsors and accrediting agencies.

I have read the above and agree to the terms and conditions for the duration of the undergraduate medical education program.

Name: _____

Signature: _____

Date: _____

Privacy: Personal information is collected under the authority of the Queen's University Royal Charter, 1841, as amended, and will be used for promoting, publicizing or explaining the University and its activities, and for educational, administrative and statistical purposes. Personal information may be disclosed to outside service providers for processing and production. Questions regarding the collection or use of this personal information should be directed to the Chief Privacy Officer, Queen's University, Suite F300 Mackintosh-Corry Hall, 68 University Avenue, Kingston, Ontario, K7L 3N6, 613-533-6095, access.privacy@queensu.ca.