

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

2018 v.1

Queen's University collects, maintains, uses, and discloses student personal information in accordance with the Ontario Freedom of Information and Protection of Privacy Act. (<http://www.queensu.ca/accessandprivacy/act.html>)

## **Photo Consent Information**

I hereby grant to Queen's University Faculty of Health Sciences (the "Faculty") the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed and/or filmed images of me, for use in connection with the activities of the faculty or for promoting, publicizing, providing references for employment, or explaining the faculty or its activities. This grant includes, without limitation, the right to publish such images in the promotional materials, such as marketing admissions publications, advertisements, fund-raising materials, and any other faculty-related publication or activity. These images may appear in any of the wide variety of formats and media now available to the faculty and that may be available in the future, including but not limited to print, broadcast, and electronic/ online media. 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, 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: \_\_\_\_\_