



**Jeff Donovan MD PhD FRCPC**

*Dermatologist & Hair Restoration Specialist  
Medical Director, Donovan Medical*

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## **Governing Law and Jurisdiction Agreement**

This agreement (“Agreement”) is entered into by and between:

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(Name of patient)

and

**DR. JEFF DONOVAN**

(collectively, the “Parties”).

### **Governing Law**

The Parties hereby agree that:

a) all aspects of the relationship between

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(Name of patient)

and

**DR JEFF DONOVAN**

as well as his agents, delegates, employees, and any physicians and other independent healthcare practitioners providing medical or other healthcare and treatment to

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(Name of patient)

or in association with **Dr. JEFF DONOVAN** including without limitation any medical or other healthcare and treatment provided to:

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(Name of patient)

and

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 OF BRITISH COLUMBIA**

(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 advice, including diagnostic and treatment advice, received by

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(Name of patient)

from

**DR JEFF DONOVAN**

will be provided through a remote consultation in the province of British Columbia (Canada) and that the Courts of British Columbia (Canada) 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

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(Name of patient)

and

**DR JEFF DONOVAN**

Date: \_\_\_\_\_

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NAME OF PATIENT

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SIGNATURE OF PATIENT

(parent or guardian if under 18 years)

Date: \_\_\_\_\_

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NAME OF DOCTOR (DR. DONOVAN)

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SIGNATURE OF Dr. DONOVAN

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