Frontenac Doctors

Phone: 613-384-7640

189 King St West Kingston, ON K7L 2WL 102 County Road 95 Wolfe Island KOH 2Y0

Dr. Brent Wolfrom MD CCFP FCFP

Welcome to my family practice. This letter contains answers to some commonly asked questions regarding the clinic and my practice.

About Me

I completed my medical school training at the University of Saskatchewan in 2004 any my specialty training in Family Medicine at the University of Ottawa in 2006. I then spent my first five years in practice working with the Canadian Armed Forces both domestically and on numerous international deployments. In 2011 I joined Queen's University and held a variety of educational and leadership roles including directing the Family Medicine postgraduate training program. My clinical experiences have included prehospital care, emergency medicine, long-term care, occupational medicine and family medicine. My current clinical focus is family medicine and veteran's health.

About Our Practice

Your Family Health Organization (FHO) is a group of family physicians who work together giving your family best access to personalized care and quality services — with a focus on illness prevention. Our group is supported by an excellent team of receptionists, medical assistances, and nurses while providing care during regular and extended office hours.

For our group to be effective, enrolled patients must commit to receiving their primary health care Monday to Friday from their primary physician or, if they are not available, from another doctor in the group depending on availability.

As a patient of this practice, you may access:

- Pre-booked appointments for ongoing issues and follow-ups
- Same-day and next-day appointments based on availability
- · Requests for us to make appropriate referrals on your behalf
- Extended after-hours clinic on evenings for urgent medical issues

Booking Appointments

You may call the office to book an appointment. You also have access to Health Myself, a patient portal through which you can send secure messages, book appointments, and receive documents. I recommend you set up and have access to Health Myself. Please ask our reception to get set up or

if you have any difficulties. Also please note that messages through Health Myself can take up to 2 weeks to be reviewed.

After-Hours Clinic

If a health matter is urgent and your doctor is unavailable, we have after-hours clinics running on Mondays, Tuesdays and Wednesdays from 5-7:45PM, and Saturdays 9:15-11:15AM in our Kingston Clinic, and 4-6:45PM on Thursdays in our Wolfe Island Clinic. Patients are seen on a first come, first served basis and there may be a wait.

All physicians with the after-hours clinic are part of the same team as your doctor and have access to your records. All tests, referrals and documentation will be available for your family doctor to see.

The after-hours clinic is intended for new, acute, and urgent issues. It is not a replacement for chronic issues that would be best served by seeing your family physician on a regular basis. You may be asked to book in with your usual family physician at the discretion of the physician working the after-hours clinic.

External Walk-In Clinics

Continuity of care is associated with improved health outcomes and my preference is that you **do not** go to an outside walk-in clinic. Outside clinics do not have access to your medical record and will not forward their records to us, which results in fragmented care. Accessing another walk-in clinic may result in a warning letter at the discretion of your physician and repeated use of walk-in clinics for care, that could have been provided by us, may result in your discharge from the clinic.

However, we will always recommend that you seek medical attention if you are concerned. Options include our after-hours clinic, same-day appointments, as well as Hotel Dieu and Kingston General Hospital emergency departments if necessary.

Expectations Per Visit

Please try to focus on your main concern or problem. Our doctors do their best to handle all your medical concerns efficiently. However, certain complaints require follow up appointments. Your doctor will focus on your main problem and if necessary, discuss plans for any other medical issues in future visits.

Preventative Care

I practice evidence-based medicine and follow evidence-based screening guidelines and preventative care as well. As such, annual physical exams are no longer recommended. Instead, we focus on screening for conditions including diabetes, high blood pressure, and certain cancers.

For more information please visit the Canadian Task Force on Preventive Health Care (https://canadiantaskforce.ca) and Cancer Care Ontario (https://www.cancercareontario.ca/en/get-checked-cancer).

What services are not covered by OHIP?

The Ontario Health Insurance Plan (OHIP) pays for medically necessary services provided to patients seen in the office. Due to increasing healthcare costs, there are more and more services not covered by OHIP. These services require significant time and resources to administer – these are considered Uninsured Services. Examples include, but are not limited to:

- travel advice and travel immunization
- telephone or faxed prescription renewals at the request of a patient
- appointments which are missed or not cancelled with 24 hours' notice
- transfer of records at the request of a patient
- driver's physicals
- employment physicals
- removal of some moles/cysts
- completion of forms including sick notes and certificates
- medico-legal correspondence

The payment of these services is the responsibility of the patient/agency requesting the service.

Prescription Refills Require Appointments

I will often prescribe enough medication to last until your next appointment. Almost always, I will want to see you before renewing medications, as this is usually at an appropriate interval to reevaluate your health. Please pay attention to your medications and plan ahead so that you can book an appointment prior to needing a refill. There may be a charge to authorize prescription renewal requests including those that come from your pharmacy, at the discretion of the physician.

Controlled Substances

Controlled substances including narcotics (morphine, hydromorphone, etc.), psychostimulants, benzodiazepines, and testosterone are substances that are monitored as per Health Canada. While they have their role in the treatment of certain medical conditions, I use them sparingly and only when other alternatives have been tried, at the discretion of the prescriber.

These substances must be monitored closely while being used. If prescribed, they are typically used only for short-term purposes. If they are being used long-term you will be asked to review and sign an agreement between you and the prescriber. Misuse of these substances or breaching the agreement is grounds for reduction/discontinuation of the medication at the discretion of the prescriber.

Cancellation/Late Arrival

If you need to cancel your appointment, we ask that you give 24 hours' notice so we may give another patient the opportunity to be seen. We also understand that emergencies do come up, please contact us as soon as possible if you need to cancel or will be late.

No Show Fees

If you cannot come to your appointment, you must give the clinic 24 hours' notice to avoid getting a "No Show Fee". Three or more no shows may be grounds for dismissal, at the discretion of your physician.

Code of Conduct – Zero Tolerance Policy for Abusive Behaviour

Abuse of staff, patients, physicians, and all other members of the clinic will not be tolerated. Abuse can take many forms including but not limited to intimidation, condescending or patronizing language, impatience, refusal/reluctance to answer questions, giving misleading information and manipulation. Incidents will be recorded and reported to the appropriate personnel. We will take corrective action up to and including but not limited to dismissal of patients from the practice, based on the severity of the incident.

Our goal is to provide you a space in which you will feel respected. We ask that you show the same respect towards our staff and team.

If you agree with the above policies please:

- 1. Sign the acknowledgment below
- 2. Complete and sign the roster form at the bottom of this document
- 3. Return both roster form and this signed acknowledgement to Frontenac Doctors. These forms can be uploaded through the patient portal which can be setup by calling the clinic at 613-384-7640. They can also be returned in person, faxed to 613-634-8595 or mailed to 189 King St. West, Kingston ON K7L 2W7.

Print Name:		 _
Signature:	 	
Date:	 	

Many thanks for your cooperation in following these practice guidelines.

I look forward to being your family physician!

Dr. Brent Wolfrom



Ministry of Health and Long-Term Care

Patient Enrolment and Consent to Release Personal Health Information

Microfilm use only	
Microfill use offig	

Please PRINT using black or blue ballpoint pen.

Collection of the information on this form is under the authority of the *Ministry of Health Act*, subsection 6(1) and (2) and the *Health Insurance Act*, R.S.O. 1990, c. H.6, s.4(2)(b) and (f), 4.1(1) and (2), 10 and 11(1). For information about collection practices, contact the Director, Registration and Claims Branch, Box 48, 49 Place d'Armes, Kingston ON K7L 5J3, INFOline tel. 1 888 218–9929 or by mail through the addresses listed for local Ministry of Health and Long-Term Care offices.

addresses listed for local Ministry of Health and Long-Term Care offices. Section 1 – I want to enrol myself with the family doctor identified in Section 4								
Last Name			First Name		Second Name			
Health Number	Version Code	Mailing Address	Apartment #	Street No. and Name o	r P.O. Box, Rural	Route, General Delivery		
Date of Birth (yyyy/mm/dd)	Sex		City/Town	1		Postal Code		
Send notices from my family doctor's office to me by:		Residence	Apartment #	Street No. and Name or Lot, Concession and Township				
regular mail email (f possible)	Address >						
Email Address:		or same as mailing address	City/Town			Postal Code		
Section 2 - I want to enrol my	child(ren) under	16 and/or de	pendent ac	dult(s) with the fam	ily doctor ide	ntified in Section 4		
Last Name		First Nam	e		Second Name			
Health Number	Version Code	Mailing Address	Apartment #	Street No. and Name o	r P.O. Box, Rural	Route, General Delivery		
Date of Birth (yyyy/mm/dd)	Sex F	or same as Section 1	City/Town	l		Postal Code		
I am this person's parent	I	Residence Address	Apartment #	rtment # Street No. and Name or Lot, Concession and Township				
legal guardian		or	City/Town			Postal Code		
attorney for pe	rsonal care	same as Section 1						
Last Name		First Nam	е	Second Name				
Health Number	Version Code	Mailing Address	Apartment #	Street No. and Name o	r P.O. Box, Rural I	Route, General Delivery		
Date of Birth (yyyy/mm/dd)	Sex F	or same as Section 1	City/Town	L		Postal Code		
I am this person's parent		Residence Address	Apartment #	Street No. and Name of	or Lot, Concession	n and Township		
legal guardian		or	City/Town			Postal Code		
attorney for pe	rsonal care	same as Section 1						
Section 3 – Signature			Section 4 – Family doctor information					
I have read and agree to the Patient C Personal Health Information and the C this form. I acknowledge that this Enro binding contract and is not intended to between my family doctor and me.	ancellation Conditions of Iment is not intended to	on the back of o be a legally		Dr. Brer	nt Wolfro	om		
I am signing on behalf of <i>(check all that apply)</i> myself child(ren) deper		ndent adult(s)	Frontenac Family Health					
My Name last name first name			Organization					
Signature Date (yyyy/m		mm/dd)		02040	1 BAF3			
X				(Include Billin	g no. and Group n	o.)		
Home Telephone No.	Work Telephone No.		Family Docto			Date (yyyy/mm/dd)		
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