

## FAMILY MDs – CLINIC CONSENT AND POLICIES AGREEMENT

### HEALTH INFORMATION CONSENT:

I understand that Family MDs collects my health information under the authority of the Health Information Act and may only use my health information in accordance with this Act.

Initials: \_\_\_\_\_

### PHOTO IDENTIFICATION CONSENT:

*Option #1:* I acknowledge that Family MDs will take a photograph of me for identification purposes only. I understand that the photograph will be attached to my clinic chart and used to identify me.

Initials: \_\_\_\_\_

*Option #2:* I prefer to display my government-issued photo identification at each visit, and I understand that I may be declined if I do not present this identification at the clinic's request.

Initials: \_\_\_\_\_

### EMAIL CONSENT:

I understand the benefits and risks of email transmission and consent to be contacted at the email address below.

Initials: \_\_\_\_\_

Preferred email: \_\_\_\_\_

*NOTE: Please add the following email address to your contacts: [bmmdesk@telus.net](mailto:bmmdesk@telus.net).*

**By signing this document, I agree to the consent listed above. I am aware that I may update or withdraw my consent at any time and will inform Family MDs accordingly.**

Patient name: \_\_\_\_\_

If Legal Guardian, relationship to patient: \_\_\_\_\_

Patient (or Legal Guardian's) signature: \_\_\_\_\_

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

**HEALTH INFORMATION AND PRIVACY POLICY:**

1. When you receive health services from our clinic, we collect individually identifiable health information in accordance with the provisions of the Health Information Act (HIA) to provide diagnostic, treatment, and care services to you; verify your eligibility for health services; and bill Alberta Health Care Insurance Plan for our services. We may access your information from a secure provincial website called Netcare to ensure accuracy and your best possible medical record.
2. As set out by the HIA, our physicians are the designated custodians of your health information, meaning they are responsible for its collection, maintenance, and protection.
3. Our clinic will only collect, use, and disclose your health information in accordance with the provision of the HIA. You are the owner of your health information and are entitled to access your records and determine who has access to them. We do not discuss details of your medical record or care without written consent from you. Please inform the staff if you wish to designate someone you trust to have access to your health records.
4. For the safety and privacy of our patients and staff, recordings are not permitted in common spaces. Please seek consent if you wish to record any part of your private clinical encounter.

**APPOINTMENT POLICY:**

1. To focus our visit and make it as helpful as possible for you, please inform the staff of the reason for your visit. You may tell them verbally or in writing. All our physicians will do their best to handle your medical concerns efficiently, although they may have to address your issues over more than one visit.
2. Please advise the staff if your appointment involves any of the following issues as they require extra prep time and/or staff involvement:
  - Workplace or Workers' Compensation Board (WCB)
  - Forms
  - Pregnancy/prenatal visits
  - Examination of reproductive organs
  - Procedures
3. If you are more than **5** minutes late for your appointment, we may provide care to another person during your slot. Please be aware that your appointment may be scheduled to another time.
4. We generally book appointments for 15 minutes. Out of respect for other patients' time, please keep your appointments to within the allotted time. Refrain from requesting additional friends or family to be seen on the same visit without discussing first with the staff. Sometimes patients present with complex problems or emergencies that require more time than was scheduled. Thank you for your understanding in this.
5. If you need to cancel your appointment, we ask that you notify us at least 24 hours in advance. If your appointment is on a Monday, please call on Monday before 10 AM.
6. Please do not call for test results. Physicians **always** call patients for significant results that require follow-up. If you would like to know your results either way, please book a follow-up appointment to review together. Consider signing up for MyHeath Records to view your results online. Regardless of test results, please return to the clinic for reassessment if your symptoms do not improve or worsen.

### **MISSED APPOINTMENT POLICY:**

Booking an appointment is an act of trust between physicians and patients, so we ask that you respect the time we have provided for you. If you miss or cancel your appointment with less than 24 hours' notice, we will issue a warning. Repeated warnings will result in a fee.

First missed or cancelled regular appointment with less than 24 hours notice:	<b>Warning and documentation</b>
Second missed or cancelled regular appointment with less than 24 hours notice:	<b>Warning and documentation</b>
Third missed or cancelled regular appointment with less than 24 hours notice:	<b>\$50.00, same-day bookings only</b>
<b>ANY</b> missed or short notice cancellations for 30-minute appointments:	<b>\$100.00, same-day bookings only</b>

If you have unpaid fees, you will be limited to same-day bookings only. No new fees are issued once the fee is on file. When the invoice is paid, then the warnings are reset to zero.

Patients may be seen for urgent medical matters, regardless of their warning status, at the discretion of the physician.

Note that repeated no-show appointments can result in being discharged from a patient panel.

### **PRESCRIPTION REFILLS POLICY:**

Please book an in-person or telephone appointment to refill your medications before they run out. If circumstances do not permit you to make an appointment, please allow 24-48 hours for a refill request to be dealt with.

### **ENDING THE PHYSICIAN-PATIENT RELATIONSHIP:**

Patients may end their relationship with a physician at Family MDs at any time. Please inform us verbally or in writing, and we will update our records accordingly. We will arrange a chart transfer upon receiving your signed consent from your new family physician.

Physicians may end the relationship with a patient if there is a significant breakdown in the therapeutic relationship. This usually only happens after multiple attempts to repair the relationship.

We will notify patients in accordance with the College of Physicians and Surgeons' (CPSA) Standard of Practice: *Terminating The Physician-Patient Relationship In Office-Based Settings*.

<http://www.cpsa.ca/standardspractice/terminating-physician-patient-relationship-office-based-settings/>. Accessed 20 July 2022.

## FAMILY MDs – CLINIC CONSENT AND POLICIES AGREEMENT

### **ZERO TOLERANCE POLICY:**

Family MDs is a safe and inclusive space for everyone. If you are abusive towards any of our physicians, clinic staff, or patients, you will be immediately discharged from the clinic. Family MDs has ZERO TOLERANCE for any verbal/physical abuse, sexual harassment, or aggressive behavior towards any person in our facility.

**By signing this document, I acknowledge that I have read all the above and fully understand all of Family MDs' clinic policies. I acknowledge that all my questions have been answered to my personal satisfaction.**

Patient name: \_\_\_\_\_

If Legal Guardian, relationship to patient: \_\_\_\_\_

Patient (or Legal Guardian's) signature: \_\_\_\_\_

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