

## PATIENT RESPONSIBILITIES - Updated 2023 January 23

### I. SAFETY

- **No Verbal or Physical aggression** (including but not limited to threats, intimidation, foul language, and yelling) will be tolerated in our clinic. This will result in your immediate dismissal from the clinic as a patient.
- Bring and **wear a mask** to your office appointments and at all times in the office unless specifically asked to remove it for examination purposes.

*I have read this section and will comply [ ] initial*

### II. REFERRALS, TEST RESULTS, PRESCRIPTIONS

- Follow up with the **specialist referral or special testing** (e.g cardiac testing, MRI) **centre** if you have not heard about an appointment by **6 weeks**
  - Contact the clinic after this time if there is a problem with the referral
- Follow up with our clinic if you haven't heard about your **test results** within **4 weeks**
  - Test results will only be communicated by administrative staff with nurse practitioner or physician instructions and approval
- Book appointments for **prescription renewals 4 weeks** before you run out
  - There will be a **charge** for prescription requests without a visit (see Uninsured Services document)

*I have read this section and will comply [ ] initial*

### III. BOOKING and KEEPING APPOINTMENTS

- **Book your own appointments.** You may only book an appointment for another patient if they are a dependent (non English speaking, hard of hearing, cognitively impaired, child, etc)..
- **Call (do not email)** to book an appointment for **time sensitive** medical concerns. The following are your options:
  - Monday to Friday, 9am to 5pm (no walk ins) - Call **our clinic** 905-828-1145
  - Evenings and weekends- Call our **After Hours Physician On Call** 905-815-9177
  - All other times- Call 1-866-553-7205 to speak to a **Telehealth** nurse
- **Provide a reason for your visit** to the admin staff so they can book appointments in a timely manner. Requests such as “need a referral” will not be prioritized whereas “my rash is worsening” will.
  - If you have multiple concerns to discuss you must tell the staff when booking or you will be asked to book another appointment to address other concerns not listed for the visit.
- If your situation sounds like an **emergency** (threat to life or limb), you will be advised to go to the **nearest emergency department** or we will help you call **911**.

- If you refuse to go when advised by a nurse practitioner or physician, you are going against medical advice.
- There will be a **charge for no shows and cancellations within 24 hours** (see Uninsured Services document) without reason
  - After 3 such no shows or last minute cancellations, you will be dismissed from practice
- **Cooperate** with the receptionist when an **office visit** is advised
- You must **be located in Ontario** for phone appointments
- If you are **more than 5 minutes** late for your appointment, you may not be seen and will **need to reschedule**

*I have read this section and will comply*      [    ] *initial*

IV. **OUTSIDE USE**

- Do not use **walk in clinics for office, phone, virtual or home care** for primary care
  - If you continue to use walk in clinics for primary care, without valid explanation you will be dismissed from the practice

*I have read this section and will comply*      [    ] *initial*

V. **PAYMENT for NON-OHIP/UNINSURED SERVICES**

- You agree to **pay for administrative services** that are **not covered by OHIP** such as physiotherapy and massage therapy notes for insurance purposes, forms, physicals for the employers/Ministry of Transportation, prescription renewals without appointment, chart transfers, etc
  - The completion of forms may take up to two weeks
  - You must book an appointment (not urgent) to discuss
- You will pay for **specific medical procedures** that are not covered by OHIP such as cyst removals
- Uninsured Services and costs are listed on the website.

*I have read this section and will comply*      [    ] *initial*

VI. **COMMUNICATION, PRIVACY**

- You authorize the clinic to **use any contact information** you provide (phone number, email address or mailing address) to reach you regarding appointment times or reminders, referrals, scheduled tests and other limited information.
- You will keep your contact information current and to ensure that your Health Card Number is current and valid

- Do not send multiple emails or call multiple times for the same issue unless it has taken more than **2 days** for the clinic to respond
- Only **Indivicare**, which is encrypted, should be used to email personal health information and/or pictures
  - Your physician or nurse-practitioner might send referrals, information on non-urgent requests, test results, etc., through Indivicare as well.
- You will not send private personal health information (including pictures) to the GMAIL account.
- **You will not video or audio record** in the Clinic without permission as it may breach privacy of other patients in the clinic. Doing so will risk your dismissal as a patient.
- You will read the **“Consent to Use Virtual Care Tools”** document and sign it after having your questions satisfactorily answered. If you do not sign it, you understand you will be blocked from using all Virtual Care Tools with your Provider.

*I have read this section and will comply [ ] initial*

Signing below indicates that you have read through the policies carefully and will comply in order to remain a patient at the Glen Erin Medical Family Medicine Clinic. An updated version will be kept on our website and is subject to change. Patients will be notified if and when modifications occur.

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

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