

## Patient Provider Agreement

Providing the best possible medical care to patients is our foremost priority. To serve all patients optimally, our Clinic follows a set of policies in compliance with the standard of practice in this province. We ask that all patients respect these policies, and we encourage everyone to ask us any questions they may have regarding these policies.

### Meet and Greet Appointment:

The first visit with a new Primary Care Provider (either a [Family Doctor](#) or [Nurse Practitioner](#)) is usually a “meet and greet” appointment. At this appointment:

- You will discuss your medical history and needs.
- You can ask questions about how the Primary Care Provider and the clinic works.
- You will decide if you want to see them for ongoing care.

Please read the Clinic policies on the following pages carefully. If you have any questions, please let the Primary Care Provider know at your meet and greet appointment.

Following your meet and greet appointment with the Primary Care Provider and if you decide to continue to see them for your ongoing care, you and the Primary Care Provider will agree to attachment. **You can then book your first medical appointment.**

## **Patient Attachment:**

By accepting attachment to this Primary Care Provider, I agree to:

- Seek my health care from the Clinic whenever possible.
- Identify my Primary Care Provider at the Clinic as my Primary Care Provider when I visit any health care provider or facility.
- Not have another Primary Care Provider as a regular Primary Care Provider.
- Communicate with my Primary Care Provider honestly and openly.
- Respect Clinic staff and refrain from any form of verbal or physical aggression or harassment.

## **Consent to Transfer Charts:**

I understand that to provide adequate care for me, my Primary Care Provider needs accurate and complete information of my existing medical files. I hereby give consent to my Primary Care Provider to request medical files, charts, and documents from hospitals, clinics, laboratories, and other health care facilities that are necessary for taking care of my medical needs. I will inform the Primary Care Provider should there be any exceptions to the above.

## **Clinic Appointment Bookings:**

- Whenever possible, I will inform the Clinic of the reason(s) for my visit so that the Clinic can budget time appropriately.
- I acknowledge that if I have multiple issues, my Primary Care Provider will prioritize them in the allotted time and may schedule follow up visits to go through my issues thoroughly.
- Primary Care Providers may provide limited same-day service to their patients as indicated. Prescription refills do not qualify for same day visits. It is my responsibility to ensure the timely refill of my medications.

## **Childhood Immunizations:**

I acknowledge that the Clinic does NOT provide routine childhood immunizations for children under 6 years old. I need to contact the closest public health unit for these immunizations. This is to reduce the anxiety of the children about coming to see their Primary Care Provider and to maintain a permanent immunization record at the public health unit.

## **Opioids, Sedatives, and Other Controlled Substances:**

I have read, and agree to the following:

- There is insufficient clinical evidence that long term, escalating doses of opioid treatment is beneficial for chronic, non-cancer pain. Inappropriate use of opioid medications can lead to more harm than good. For the best quality of care, patients at the Clinic will adhere to the Opioid Treatment Agreement before starting opioid therapy.
- The College of Physicians and Surgeons of BC has a formal policy statement forbidding the concurrent use of opioids and sedative medications, and my Primary Care Provider is legally obliged to stop one or more of these medications with a taper.
- Some parts of the Opioid Treatment Agreement include: opioid medications must be prescribed to patients by a single Primary Care Provider only or designate; patients on opioid medications are subject to PharmaNet checks and random drug screening; and the Primary Care Provider has the right to terminate opioid prescribing for the patient if any item of the Agreement has been breached.
- Patients can view the Opioid Treatment Agreement upon request.

## **Late or Missed Appointments:**

- As appointments are in high demand, 24 hours' notice is required to cancel appointments. This notification allows the Clinic to offer available time to other patients needing care.
- I understand that if I am late for my appointment and my Primary Care Provider has to see the next patient, the Clinic will try to fit me in at a later time slot. If I am unable to be seen due to my lateness, it is considered a missed appointment and I will have to reschedule.

## **Uninsured Services:**

- I understand that some services are not covered by the provincial Medical Services Plan. I have the right to know the Clinic service fees before agreeing to the treatment.
- Uninsured services may include:
  - Sick notes and medical certificates
  - Chart transfers
  - Insurance reports
  - Cosmetic procedures
  - Driver's medicals
  - Medical legal letters and opinions
  - Medical CPP examinations and forms
- If an outstanding account has been incurred by me, payment is expected upon arrival at the next appointment.

## Ending the Therapeutic Relationship:

- A positive therapeutic relationship relies on mutual trust and respect between the patient and the Primary Care Provider. If this foundation is lost, a productive therapeutic relationship may no longer be possible, and either the patient or the Primary Care Provider may choose to terminate this provider/patient relationship.
- The Clinic will provide resources where I may be able to find another Primary Care Provider.
- After ending the therapeutic relationship, I have the right to seek care from the Clinic for up to 30 days for essential care only.
- If the reason for terminating the therapeutic relationship involves verbal or physical aggression towards any Clinic staff, the grace period will not apply due to workplace anti-harassment legislation.
- It is within my right to at any time end the therapeutic relationship and transfer my care to another Clinic. A chart transfer fee may be applicable.

## PharmaNet search:

We are required by our licensing body to access a patient's prescription history before prescribing certain medications. PharmaNet is a provincial program where this information can be accessed. The Clinic will access my medication history on PharmaNet to provide the safest care possible.

## Receiving Email Communications:

I consent to receiving clinic notices by email, such as for flu clinics, screening test reminders, and clinic updates. I understand and accept that there is a small inherent risk to email communication such as unauthorized access. Emails from the Clinic will not contain any medical information such as test results or specialist reports.

## Students and Residents:

- The Clinic is a centre of teaching and learning for a variety of health regulated students, such as residents, nurse practitioners, and registered nurses. Having a student in your visit is voluntary and you may opt out at any time with no repercussions. We view the education of future health care providers as important and appreciate the opportunity to share in that learning.
- I understand that the student/resident will always review my encounter with one of the Clinic Primary Care Providers, and I can also ask to see the Clinic Primary Care Provider after seeing the student/resident.

**Island Health Employees:**

- The Clinic’s team may include staff employed by the health authority (Island Health).
- To care for you, they will access your chart, just like other team members in our Clinic.
- On occasion, the health authority staff may need access to your chart to review their employees’ work.

**Signature:**

By signing below, you indicate that you have had an opportunity to discuss the clinic rules, you understand the clinic rules, and you agree to abide by them.

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

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

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