

Cortes Island Health Centre Consent Form

Box 59, Manson's Landing, British Columbia, V0P 1K0 Fax: 250 935 6721 Phone: 250 935 6718

Name/Phone #: _____ Emergency Contact Name/Phone#: _____

Thank you for allowing us to take part in your medical care. We look forward to building a patient-practitioner-clinic relationship; working together to optimize your health.

In order to begin, we would like to share the expectations we have regarding our future interactions:

- We will provide you with high-quality medical care to the extent of our training, standards of care and experience.
- Please keep the purpose of each standard visit to a maximum of two concerns. We may only be able to cover one concern if we need to be more thorough.
- You may be accompanied by a family member, friend or clinic staff member for any visit.
- We encourage the practice of seeing teenagers individually and independent from their parents to improve adolescent care. Due to the confidential nature of patient visits, we are unable to disclose details without the teenager's consent.
- Referral to specialists is determined by the nature of your concern and our scope of practice to ensure you receive optimal care. We may not refer you to a specialist or continue to refer you if the consultation is no longer medically necessary.
- Please choose one pharmacy location for all your prescription drugs. This helps prevent drug errors and provides you extra continuity of care.
- Please respect our Medical Office Assistants, nurses and physicians. You will be asked to leave the clinic if your behavior is perceived as threatening or if you are disruptive to other patients or the clinic.
- There are extra fees for some services not covered under MSP, such as: missed appointments, work/school forms, driver's medicals, etc.
- Please call ahead if you can't make your appointment so we can schedule another patient on the waiting list. If more than 2 appointments in a row are missed (including in person, phone, and nurse appointments) without notice to us, you will be invoiced \$50 per missed visit, paid to the clinic.
- When you are booking a phone appointment please, confirm the number to call you will be available at for the appointment time. It is your responsibility to be available and in an area with clear reception at the time of the appointment.
- We are unable to continue narcotic, sedative, or stimulant prescriptions provided by another doctor, until you are assessed in our clinic and a diagnosis is confirmed.
- Our care providers reserve the right to request an in person appointment for any concern they feel it is necessary for.
- If you have not been seen in person in our clinic in a 12 month period, and are no longer residing on Cortes for any extended portion of the year, we will no longer consider you a patient of our clinic.
- Please ask to speak with the clinic manager to discuss any clinic related concerns so that we can reduce misunderstandings and miscommunication.
- If you are dissatisfied with the care we are providing you, please discuss your concerns openly with your health care provider as soon as issues arise.

Patient Name:	Signature:	Date: / /
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By signing this form, you have read and agree with the above expectations.