# SAMPLE CODE OF CONDUCT

[CLINIC NAME] prides itself on providing a professional and respectful environment. To assist in that endeavor, we ask that staff, physicians, and patients follow this Code of Conduct.

#### ZERO TOLERANCE ENVIRONMENT

[CLINIC NAME] endeavors to create and provide a safe, welcoming and inclusive
environment for its patients and staff. Discrimination, harassment, bullying, and violent
behaviour and language will not be tolerated in the clinic by anyone. This includes, but is
not limited to, offensive language, acts or gestures, violence, abuse (verbal or physical),
or aggressive behaviour. Behaviours of this nature may result in the physician ending the
patient relationship.

## **MUTUAL RESPECT**

• [CLINIC NAME] respects the time, rights, and privacy of its patients. It requests that patients recognize and respect the time, rights, and privacy of all its health care providers and staff.

## **TELEPHONE CALLS**

• Phone calls are answered Monday through Friday, from •am to •pm. [We do not take calls during •pm to •pm due to the office lunch hour.]

## **REASON FOR VISIT**

• When booking your appointment, advise our staff of the reason for your visit so that appropriate time can be allotted for the visit. I understand that I may need to return if my appointment length is not adequate to assess and address multiple concerns.

## **APPOINTMENT TIMES**

[CLINIC NAME] knows your time is important and we make every effort to see patients
at their scheduled appointment time, and late arrivals make this difficult. We request
patients arrive on time and understand any delays experienced due to unexpected
circumstances.

#### CANCELATIONS AND MISSED APPOINTMENTS

To ensure accessibility and fairness to our patients, [CLINIC NAME] strongly encourage
patients to give at least 24 hours notification to cancel an appointment. There may be a
fee for missed appointments ("no-shows")/late cancellations, set in accordance with any
relevant CPSO policy.

#### PRESCRIPTION REFILLS

• If you require a renewal of your prescription medication, your community pharmacist may be able to renew your prescription or make a request to your provider. Please note that prescription medications need monitoring and your provider may ask you to book an appointment to have your medication renewed. There is a charge for any medications renewed over the phone or by fax if medically appropriate.

## **UNINSURED SERVICES**

 Certain services provided to patients are not covered by the Ontario Health Insurance Plan (OHIP). These may include: writing sick notes, cosmetic procedures, charges for missed appointments, or completing forms or notes for school, insurance or employment purposes. Payment for uninsured services are due upon receipt of the service and is based on the Ontario Medical Association's suggested fees as set out in its annual PHYSICIAN'S GUIDE TO UNINSURED SERVICES. We accept [Cash, Debit, Visa or Mastercard].

## **PRIVACY**

We value patient privacy and act to ensure that your health information is protected.
[CLINIC NAME] complies with the *Personal Health Information Protection Act*, 2004
(PHIPA) for the collection, use and disclosure of patient personal health information. It is your responsibility to inform [CLINIC NAME] staff if there is a change to your personal health or contact information.