



**DR LORENA BARRIENTOS | DR SARAH SALMAN | DR XIAO XUE HONG**

# PATIENT ORIENTATION MANUAL

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600 Sherbourne St. Suite #212

Toronto, ON

M4X 1W4

Telephone: 416-546-3487

Fax: 416-546-3657

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**DEAR  
UMEDICAL  
PATIENT,**

Welcome to uMedical, an outpatient healthcare centre that focuses on rejuvenating the current healthcare system by primarily focusing on **comprehensive** and **preventative** medicine. With the help of our well-trained physicians and staff we are determined to provide excellent care and education to our patients to target your concerns. Instead of chasing diseases, let's work together to PREVENT them!! We have been working tirelessly to build uMedical with *your* comfort and needs in mind.

With preventative care being our main vision, we encourage patients to take full advantage of uMedical's many services. We offer comprehensive annual health assessments, vaccinations, mental health counselling, sex education and more. In addition to these services we will also have a pharmacy, Lifelabs, Diagnostic imaging and many other specialist in the same building, thus making this convenient for everyone to have all medical care done during one visit. This is not the traditional medical clinic you are used to, uMedical was created with **YOU** in mind and we believe you will notice the positive differences to your health and peace of mind!

We truly appreciate your help in keeping uMedical flow efficiently. Not only are we here to assist and care for our patients, but we also believe in education so we can all work together as a **TEAM**. With our drive for excellence in patient care that we are proud to deliver, we thank you for trusting us with your wellbeing. We are honoured to be your physician and excited to help you reach your health goals at uMedical. Please feel free to contact us directly if you have any questions or concerns.

*Sincerely,*

Dr. Lorena Barrientos

Dr. Sarah Salman

Dr. Xiao Xue Hong

## **PATIENT RIGHTS & RESPONSIBILITIES**

uMedical would like you to be aware of your rights as a patient. We believe patient rights are important, and will strive to do our best to make sure you you feel comfortable and respected. As a patient at uMedical, you have the RIGHT to be:

### **RESPECTED**

We strongly believe in patient equality and will treat patients with courtesy, dignity, and respect by all uMedical staff. Patients and visitors have a right not to be discriminated against because of race, colour, religion, sex, age, national origin, sexual orientation, disability or source of payment and other factors. uMedical does not tolerate any forms of abuse, harassment, exploitation, retaliation, humiliation, and neglect.

### **COMFORTABLE, SAFE & SECURE**

We take your healthcare concerns seriously, and encourage patients to discuss any complaints regarding your care without fear of getting poor treatment. uMedical fosters a supportive and caring environment, including appropriate assessment and management of pain, treatment of uncomfortable symptoms and support of your emotional and spiritual needs, regardless of your medical status or treatment decisions. We attempt to secure a safe environment that is supported by infection-control, safety and security services.

### **ACTIVE & INVOLVED IN YOUR HEALTHCARE**

One of our goals at uMedical is to cultivate a strong physician-patient relationship by educating and actively involving you to participate in the planning of your care and make choices about your treatment. At times, you may be treated by other healthcare providers, who may be in training, but your primary care physician will always be actively involved. We believe in working together as a TEAM and include family members or significant others in your care decisions. In some cases, we must assign someone, legally, to exercise your rights on your behalf, if you are unable to exercise them.

### **INFORMED & UP-TO-DATE**

Our priority is to ensure you receive complete and current information about your diagnosis, treatment and prognosis in terms you can understand in order to participate in decisions regarding your care. This

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includes being informed about:

- A description of the procedure or treatment and why it would be done.
- The possible benefits.
- The known serious side effects, risks or drawbacks.
- Problems during recovery.
- The chances of success.
- Alternative procedures or treatments that could be done

You have the right to agree or refuse to participate in any procedure, drug or treatment and to be informed of the possible results of your decision. We encourage you or your representative to ask questions if there is a misunderstanding, in order to make an informed decisions regarding your care. At times, there may be unanticipated outcomes of care, treatment and services and we will make every effort to discuss this with you.

### **PROVIDED CARE IN A TIMELY MANNER**

uMedical strives to have your medical records and concerns reviewed in a timely manner with assistance or advocacy as required and, when possible, resolved in a timely manner. Upon your request, a description or explanation of everything in your records will be provided. Note that fees apply when providing copies of records (please refer to Schedule of Fees and Uninsured Services).

### **PROTECTED WITH YOUR PERSONAL INFORMATION**

Your personal privacy is the utmost importance to us and we take extreme measures to ensure all communications and records related to your care are kept confidential. Since your health is a private matter, only individuals involved in your care will have access to your medical records. In addition, case discussion, consultation, examination and treatment will be conducted to protect each patient's privacy.

**As a patient at uMedical, you have the RESPONSIBILITIES to be:**

### **RESPECTFUL**

Please support us in providing a safe and secure environment where our uMedical staff, physicians, other patients and visitors are treated with consideration and respect. There will be repercussions in access to patient care at uMedical if you do not abide by uMedical's Patient Orientation Manual (Procedures &

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Policies and Schedule of Fees & Uninsured Services).

### **HONEST**

Be open and honest with us about your health history and health care needs (including your past and current illnesses, allergies, medications and dosages, and family health history) and keep us informed of any changes so we can help you reach your health-care goals.

### **PROACTIVE IN YOUR HEALTH**

We are devoted in helping you improve your health, but you must take an active role in your own care.

You can do this by:

- Being proactive in keeping yourself healthy.
- Using the advice and information from your health care providers.
- Asking questions to clarify information.
- Telling us what is important to you.

### **PLEASE BRING A VALID HEALTH CARD TO EACH VISIT**

We strongly believe in patient care and will treat patients with an invalid or not present health card for a fee per Schedule of Fees & Uninsured Services (provided in Orientation Manual).

### **BOOKING APPOINTMENTS**

We encourage patients to book appointments by e-mail ([admin@umedical.ca](mailto:admin@umedical.ca)) If you do not have online access, please feel free to call the office at 416-546-3487 or come into uMedical and book at the reception. Please specify the reason for the appointment to allow an appropriate allocation of time to address your medical concerns. It is very helpful if our staff knows, for example, that the visit is for diabetes, blood pressure medication renewal, pre-operative visit, comprehensive annual health assessment or well-baby visit, so the appointment can be booked properly and run in a timely and efficient manner.

### **FOCUSED APPOINTMENTS**

We take your healthcare concerns seriously, so please be realistic about what we can accomplish in one office visit, as we always want to address your problems thoroughly. We strongly advise when booking appointments to only address one concern at a time to ensure your needs are acknowledged in a timely manner and investigated meticulously.

## **PHYSICIAN – PATIENT CARE**

Patients will be advised to see their primary care doctor for all their concerns to maintain uniform care. This will allow growth of a physician-patient relationship following a meet and greet. The first appointment, a meet and greet, is mandatory to “sign-up”/roster with a primary care physician. To prepare for a meet in greet, please complete the Patient Registration Form which entails a thorough history taking with precise dates, all pertinent test results, previous surgical history, screening updates, vaccination schedules, allergies, family/social history and a complete list of medications. For urgent concerns, patients are welcome to either book a same day appointment with their primary care doctor or use our acute walk-in clinic. All patient files will be accessible to all physicians working at uMedical to ensure centralized care.

## **ANNUAL EXAMS**

uMedical’s primary focus is preventative care, hence, comprehensive annual health assessments are mandatory for rostered patients. All patients will receive a reminder when their annual exam is approaching to avoid any delays. Each exam is about twenty (20) minutes long and performed by the patient’s primary care physician. When booking annual exams, patients should be prepared for a thorough head to toe assessment, urine analysis, fasting blood work, and appropriate screening assessments. One of our priorities is to assure patient comfort and privacy, we have both male and female staff and provide disposable gowns and covers when necessary.

## **PLEASE BRING YOUR MEDICATIONS WITH YOU TO EACH VISIT**

To prevent error and to avoid drug interactions we ask patients to present to their appointment with a list of ALL their medications.

## **PLEASE SCHEDULE YOUR APPOINTMENT BEFORE YOUR MEDICATION HAS FINISHED**

We strongly suggest booking your comprehensive annual health assessment before your medication is finished to avoid any delays in dispensing your prescription(s) at your local or our on-site pharmacy. Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you are unable to schedule an appointment to review your medication, we will charge for this service. If you are a part of our block fee program, this charge is covered. Please anticipate your renewals, ask for renewals at each visit and bring your health card.

## **PLEASE ARRIVE ON TIME**

If you are running late, please notify us. All patients who arrive late, will try to be accommodated, but it may not always be possible, and may be asked to reschedule. In unforeseen circumstances that your provider is running late, you will be notified.

### **CANCELLATION POLICY**

We understand that things come up and patients are unable to make their appointments. However, no-shows and cancellations made less than 24 BUSINESS hours of their scheduled appointment will result in a cancellation fee per Schedule of Fees and Uninsured Services.

### **SPECIALTIES AND REFERRALS**

At uMedical, when available, we refer patients to our internal group of specialists to maintain unified patient care. This will allow for a more effective physician-patient relationship and enable the patient to take full advantage of their care being at one location. At times, when our internal specialist are unavailable, we will collaborate with our external group of specialists.

### **PLEASE FOLLOW-UP ON TEST & INVESTIGATIONS**

We strongly believe in patient education and require all patients to book a follow-up appointment with the ordering physician in a timely manner. Despite the results of the test, we will not reveal the outcome over the phone, and mandate patients personally have a discussion with their physician to stay up-to-date and knowledgeable about their current health.

### **SCENT FREE ENVIRONMENT**

Due to many allergies and sensitive patients, we accommodate everyone's preferences by remaining scent-free

### **RESPECT**

At uMedical, we recognize the trust you have awarded us with your wellbeing, and the responsibility we are privileged to provide high quality medical care. We ask in return that you respect our staff and abide to our office's procedures and policies. Inappropriate behaviour in the office will not be tolerated and result in clinic restrictions.

## SCHEDULE OF FEES & UNINSURED SERVICES

uMedical is committed to providing you with the best medical care, promptly in a friendly and professional environment. However, there are services that you may request from your physician that are not considered medically necessary by Ontario Health Insurance Plan (OHIP) and are therefore NOT paid by OHIP.

While OHIP covers most of your medical needs, there are many services we provide that are not covered.

Some examples are:

- prescription renewals
- work notes/insurance forms/physician statements
- Referrals to physiotherapy/massage etc.
- Travel counseling and vaccines
- up to missed appointments
- mini phone consultation with the doctor (physician discretion)

## BLOCK FEE PROGRAM

Joining our annual fee plan (**\$120 for individuals, \$200 for couples**) covers you for these services for one year and allows the clinic to work more efficiently while keeping focus on quality medical care.

We believe that our annual fee plan is fairly priced and have included subscription rates for couples families and individuals. We hope you consider joining this plan, which will provide benefits for you and your family.

If you choose to not join this annual fee plan, you can pay for these services individually.





**INDIVIDUAL: \$120**

**COUPLE: \$200**

Non-Insured Services	Pay-as-you-go fee	BLOCK FEE coverage
<b><u>Notes, Forms Certificates</u></b>		
Sick Note	\$20	✓
Daycare note (free of communicable disease)	\$20	✓
Disability tax credit certificate (form T2201)	\$40	✓
Employment insurance/maternity certificate	\$20	✓
Illness/return to work note	\$20	✓
Legal report (hourly)	OMA RATE	X
Private insurance form	\$30-200	X
Massage/Physiotherapy or Compression Stockings/ Orthotics Note	\$20	✓
Revenue Canada Federal Disability Tax Credit certificate	\$50	✓
Travel cancellation form	\$35	✓
Immunization Record for Work or School	\$75	✓
Other notes and forms	\$20-\$50	✓
Referral to specialist, phone request by patient	\$30	✓
<b><u>Diagnosis, Counselling and Treatment</u></b>		
Driver's medical form	\$150	✓
Telephone advice/consultation (Doctor's Discretion) up to 1 Consult of 5-10 minutes	\$50	✓
Pap test done at the request of patient; not covered by OHIP (lab fees will be billed directly by lab)	\$60	✓
<b><u>Prescription refills by phone or fax</u></b>		
TB skin test and reading	\$40	✓
Third party physical exam	\$80	✓
Travel consultation	\$50	✓
Uninsured vaccination	\$15	✓
Liquid Nitrogen Treatment (e.i. Mole Removal)	\$60-\$120	✓
Medical Supplies (up to \$25)	Variable	Up to \$25
<b><u>Other Services</u></b>		
Faxing/photocopying	\$1/page	✓
Results printout (labs, imaging, reports, etc.)	\$1/page	✓
Missed appointment (less than 24 hour notice) up to 1 missed appointment	\$50	✓
Missed periodic health visit (less than 24 hour notice)	\$100	X
Transfer of medical records	\$30 for 1-20 pages, \$1/pg thereafter	X
Uninsured Visit	\$100	X

*All fees are subject to change.*

## **ELECTRONIC COMMUNICATIONS**

### **CONDITIONS OF USING E-MAIL**

uMedical will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, uMedical cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the physician. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- E-mails to the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
- E-mail communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on uMedical e-mail and for scheduling appointments where warranted.
- Given that patient e-mails are being used as a one-way mode of communication, the patient, under no circumstances should expect a response from any e-mail sent to uMedical or its physicians/staff.
- The patient should not use e-mail for communication regarding sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. Similarly, the physician will not discuss such matters over email.
- uMedical is not responsible for information loss due to technical failures.
- The patient will notify uMedical should there be any change in e-mail address.

### **INSTRUCTIONS FOR COMMUNICATION BY E-MAIL**

To communicate by email, the patient shall:

- Limit or avoid using an employer's computer.

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- Inform uMedical of any changes in patient's email address.
- Review the email to make sure it is clear and that all relevant information is provided before sending to uMedical.
- Inform uMedical that the patient received the email.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by e-mail or written communication to uMedical.
- Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on email. Rather, the patient should call our clinic for consultation or an appointment, visit our clinic office or take other measures as appropriate (such as going to the nearest emergency department).

### **EMERGENCY PROBLEMS**

E-mail should never be used for emergency problems. In the event of an emergency, call 911 or go to the nearest Hospital Emergency Room.

### **URGENT PROBLEMS**

E-mail should not be used for urgent problems. In these cases, the patient should call our office at 416-546-3487 to book an appointment. If it is after hours, the patient should call the Tele-health Advisory Services at 1-866-553-7205 to speak with a nurse.

### **PATIENT OBLIGATIONS WHEN CONSENTING TO E-MAIL**

Consent to the use of e-mail includes agreement with the following conditions:

- The patient shall not use e-mail for medical emergencies, urgent problems or other time sensitive matters.
- If the patient's e-mail requires or invites a response from the staff or physicians, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- All e-mails to or from the patient concerning diagnosis or treatment will be imported into and made part of the patient's electronic medical record. Because they are part of the medical record, other

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individuals authorized to access the medical record, such as administrative staff, will have access to those e-mails.

- Medical staff may forward e-mails internally to members of the Physician's staff if necessary for diagnosis, treatment, reimbursement, and other handling. Staff will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- The patient is responsible for informing the office of any types of information the patient does not want to be sent by e-mail, in addition to those set out above.

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## **ELECTRONIC COMMUNICATIONS CONSENT FORM**

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I \_\_\_\_\_, acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between uMedical physician/staff and me, and consent to the conditions outline herein, as well as any other instructions that the uMedical physician/staff may impose to communicate with patients by email as outlined in the Electronic Communications Policy. I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the uMedical using e-mail may not be encrypted. Despite this, I agree to communicate with uMedical using e-mail with a full understanding of the risk. I acknowledge uMedical physician/staff's right to, upon the provision of written notice, withdraw the option of communicating

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