

PLEASE NOTE: To submit form electronically:

Complete the fillable form using **ADOBE ACROBAT**. Do **NOT** fill in the form using your internet browser. You may need to **DOWNLOAD** or **SAVE A COPY** and **THEN** open the file from your computer's files **before** filling in the form and submitting it.



Ministry of Health

**MEDICAL PRACTICE
ACCESS TO PHARMANET AGREEMENT**

**PHARMANET
Patient Consent to Access PharmaNet
Soltani Medical Clinic**

The Province of British Columbia has established the provincial pharmacy network and database known as “PharmaNet” pursuant to section 37 of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*, R.S.B.C. 1996, c. 363, and which may be continued pursuant to section 13 of the *Pharmacy Operations and Drugs Schedule Act*, S.B.C., 2003, c. 77 should it be proclaimed in force during the term of this Agreement.

I, _____, authorize Dr. Soltani and Staff
Name of Patient (print) *Name of Physician (print)*

and persons directly supervised by him/her to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named physician.

Executed at _____, this _____ day of _____, 20_____.

SIGNED AND DELIVERED by _____)

_____)

_____)

_____)

Patient (print)

in the presence of: _____)

_____)

_____)

_____)

Witness (signature)

_____)

_____)

Witness (print)

_____)

_____)

(Dated)

_____)
Patient (signature)

Dr. Nazila Soltani
Soltani Medical Clinic
Unit 134 - 3030 Lincoln Avenue
Coquitlam, BC, V3B 6B4
Telephone: 604-552-9140
Fax: 604-552-9141

Patient Requests Transfer

RE: Release of medical records for patient _____,

DOB: _____,

Care Card Number (PHN) _____,

Dear Doctor _____,

Address:

I am writing to request copies of my medical records. Please include all charts notes, test results, consultation notes, and referrals regarding my medical care.
I understand I may be charged a reasonable fee for copying the records.
Please send the requested records to the above address as soon as possible in order for **Dr. Soltani** to facilitate continuity of my care.
Thank you for your cooperation. Please let me know if you need any additional information.

Sincerely,

Signature

Date

Soltani Medical Clinic

Unit 134 - 3030 Lincoln Avenue
Coquitlam, BC V3B 6B4

Our goal is to provide quality medical care for all of our patients. In order to do so, we have implemented medical office policies. These policies enable us to better treat you and your family. Our office hours and days may change without notice. If you do not agree to our office policies at any time, please feel free to find another family physician that can provide you the service you need and we will be happy to transfer your medical files. By signing this office policy, you acknowledge that you agree to the outlined policies.

APPOINTMENTS

Allocated time is booked according to the reason for the visit so please let the Medical Office Assistant know the reason you need to see the doctor. Our office appointments are usually 10 minutes and are mostly phone/virtual based. In-office appointments are booked at the discretion of the physician. The physician will try to accommodate more than one issue per visit, but it is preferred to limit each visit to the main issue. This will help us see our patients in a timely manner. We can also offer same day "urgent" appointments.

This is a multi-physician practice. While we will do our best to book you with your assigned family physician there may be times when your physician will be unavailable. In this case, you may be offered an appointment with another physician in the office.

AFTER HOURS MEDICAL EMERGENCIES

Our clinic offers after hour care in the case of a medical emergency only. Please phone our office and follow the appropriate prompts to reach your physician. For all other medical issues, outside office hours, please go to your nearest walk-in clinic, urgent care, or emergency facility. Our doctors would be happy to follow up with you as outpatient on the next business day.

LATE CANCELLATIONS AND NO-SHOWS

Out of courtesy to our doctors and other patients, please call us 24 hours in advance if you are unable to make your scheduled appointment. There will be a \$30 charge for all appointments canceled with less than 24 hours notice.

If you do not attend your scheduled appointment and you have not made us aware or canceled your appointment there will be a \$30 no-show fee billed to you. All methods of payments will be accepted. You will be discharged from our medical practice after a third no-show appointment.

**** Please note new patients who do not show up for their first appointment will not be able to re-book.***

TEST RESULTS

The front desk DOES NOT give test result information over the phone nor do we inform you if test results have arrived at the clinic. All of our patients are expected to return or re-book for a follow up visit with their family doctor. At the time of tests, please ask the approximate wait time for results to come in.

BEHAVIOUR IN THE OFFICE

We feel our staff deserves the same courtesy and respect towards them as they are unto our patients. Therefore, we will not tolerate any rude or aggressive behaviour towards our staff or the doctors.

REFERRALS

If a referral to a specialist is being made for you, the specialist office or our clinic will contact you with your appointment time. We understand how important your referral is, however it may take three to twelve months to get an appointment in some cases, so please have patience as you will be contacted. You may also ask our Medical Office Assistant for the estimated waiting time. Please contact our office if you did not hear about your referral after 1 month.

PRESCRIPTION REFILLS

Prescription refills can be done over the phone with booked phone appointments with your family doctor. We expect patients to book an appointment 14 days before your prescription runs out, unless there are extenuating circumstances. This is under the discretion of the doctor.

NARCOTICS

Our office has a very restrictive policy toward narcotic or sedative prescriptions. If you are a new patient already on narcotics or sleeping pills, please be aware that it will be at the discretion of the doctor to decide if he/she will continue the same medical treatment or choose to stop those medications. She may need to review your past medical chart including your previous medication history before prescribing the same medications.

UNINSURED SERVICES

If you need medical forms to be filled out by the doctor, please be aware that MSP does not pay for these to be completed. Also, our office charges a fee for a "doctor's sick note". Please inform the receptionist of any medical forms needing to be filled out and full payment must be made by the patient prior to seeing your doctor. All forms will be charged based on the BC medical association uninsured services fees, please visit their website for more information.

TRAVEL RELATED ADVICE

We are not a travel clinic. Our doctors strongly recommend that you to go to your preferred travel clinic in a timely manner for travel related advice and immunizations. Please be aware that travel related visits and immunizations are not covered by MSP.

CONFIDENTIALITY /PRIVACY

We understand the importance of your confidentiality and comply with all applicable laws to maintain this privacy. All information between you and the doctor is confidential. If you wish to release this information to other physicians, please provide us with their release of record form in order to do so.

TERMINATION OF DOCTOR-PATIENT RELATIONSHIP

There must be a mutually respected doctor-patient relationship in order to provide quality health care for our patients. If for any reason, this relationship is in question, the patient may be dismissed from the clinic. If th is occurs, the doctor will provide emergency medical care only for one month, or when the patient finds a new family doctor, whichever comes first

By signing below, I understand and agree to abide by all of these office policies.

Patient Name

Signature

Date

New Patient Registration Form - Dr. Soltani

Soltani Medical Clinic

Unit 134 - 3030 Lincoln Avenue, Coquitlam, BC V3B 6B4

Telephone: 604 552 9140 Fax: 604 552 9141

Email: drsoltanioffice@gmail.com

Website: www.soltanimedicalclinic.com

First Name: _____ Last Name: _____

Title (Select one or complete "other"): Miss Ms Mrs Mr Other: _____

Preferred Name (if applicable): _____

Care Card Number (PHN): _____ Birthday (DD/MMM/YYYY) day / month / year

Gender: Male Female Trans Other _____

Please list any **medication allergies** and describe the reaction: _____

Occupation: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Would you like to receive text message appointment reminders? YES NO

Have you ever had a family physician? YES NO

If **YES**, please provide his/her name and when you last saw this doctor:

How did you hear about our clinic? _____

MEDICAL HISTORY

Please select any relevant past medical history from the following:

Asthma	Arthritis	Cancer	Diabetes	Kidney Disease
Heart Attack	High Blood Pressure	Stroke	Liver Disease	Thyroid Disease
Anxiety	Depression	Other		

New Patient Registration Form – Continued

Do you have any pending WCB claims? _____

Do you have any pending ICBC claims? _____

To facilitate speed and continuity of care, please include your preferred pharmacy and laboratory locations please specify below:

Pharmacy

Name: _____

Address: _____

Phone: _____

Fax: _____

Lab

- LifeLabs – Gordon (Coquitlam)
- LifeLabs – Austin (Coquitlam)
- LifeLabs – North Road (Coquitlam)
- LifeLabs – Lansdowne (Coquitlam)
- LifeLabs – Wilson (Port Coquitlam)
- LifeLabs – Salisbury (Port Coquitlam)
- LifeLabs – St. Johns (Port Moody)

Other: _____

FOR FEMALE PATIENTS ONLY:

Date of Last Menstrual Period: _____ Date of Last Pap Test: _____

History of Abnormal Pap? YES NO

If **YES**, please list the dates of you abnormal pap tests: _____

Number of Pregnancies: _____ Living Children: _____

Date of Last Mammogram: _____ Date of Last Bone Mineral Density: _____

Method of Contraception: _____

Please list your medications below or attach a copy of them to this form or indicate none:

Please note: New Patients who no-show to their first appointment will not be able to re-book.

Patient Signature: _____

Date: _____

New Patient Registration Form – Continued

ELECTRONIC CONSENT FORM

PHYSICIAN INFORMATION:

Dr. N. Soltani and Staff at Soltani Medical Clinic located at Unit 134 - 3030 Lincoln Avenue, Coquitlam BC

The Physician has offered to communicate using the following means of electronic communication (“the Services”): **Email, Text Messaging, Videoconferencing (including Skype®, FaceTime®), and Website/Portal**

PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described on this document. I understand and accept the risks outlined on this document, associated with the use of the Services in communications with the Physician and the Physician’s staff. I consent to the conditions and will follow the instructions outlined on this document, as well as any other conditions that the Physician may impose on communications with patients using the Services.

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 Physician or the Physician’s staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician’s staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Risks of using electronic communication:

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services (“Services” is defined above).

However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.

- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.

- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, the Physician cannot guarantee that all electronic communications will be reviewed and responded to within

New Patient Registration Form – Continued

any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters. If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.

- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where

applicable, the use of these Services will be limited to education, information, and administrative purposes.

- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services. If the Services include email, instant messaging and/or text messaging, the following applies:
 - Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
 - Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.
 - Ensure the Physician is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
 - Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
 - Withdraw consent only by email or written communication to the Physician.
 - If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services. Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.

I have reviewed and understand all of the risks, conditions, and instructions described in this document.

Patient Name: _____

Signature: _____

Date: _____

Upon Completion of this document, you can either save the document and email it to us, or save the document and select "submit form" button.

Please SAVE THE FILE before submitting the form.