It is **strongly recommended** to maintain a **readily accessible** copy of this **guidance document** both online and in physical form—at the clinic and offsite. This ensures continued access to critical information in the event of an emergency or if the clinic's systems become unavailable.

|  |
| --- |
| Close-up image showing the leaf-sides of two oversized books side-by-side on a bookshelf, with additional books in soft focus background |
| Clinic Guidance Document  **The purpose of this Employee Guidance book is to clearly communicate essential information and procedures to its employees. It serves as both a reference tool, a business continuity tool, and a foundational document for the employees. This document will be maintained and updated by [Designated person].** |
| |  |  |  | | --- | --- | --- | | Author: | Date: |  | |

**Contents**

[**About our clinic** 3](#_Toc206423443)

[Clinic Name 3](#_Toc206423444)

[Our Story 3](#_Toc206423445)

[Our Physicians 3](#_Toc206423446)

[3](#_Toc206423447)

[Our Team 4](#_Toc206423448)

[**Doctors** 4](#_Toc206423449)

[Hours of Work 4](#_Toc206423450)

[Locum Arrangements 4](#_Toc206423451)

[**Administration** 4](#_Toc206423452)

[Our Location 4](#_Toc206423453)

[Our Clinic Operating Hours 4](#_Toc206423454)

[Communication 5](#_Toc206423455)

[Communication Standards 5](#_Toc206423456)

[Telephone Tree 5](#_Toc206423457)

[Out of Office Greeting 5](#_Toc206423458)

[Email 5](#_Toc206423459)

[Mail 6](#_Toc206423460)

[Medicare Billing Run Schedule 6](#_Toc206423461)

[Medicare Contacts 6](#_Toc206423462)

[EMR 6](#_Toc206423463)

[**Clinic Facility** 7](#_Toc206423464)

[Front Desk 7](#_Toc206423465)

[Waiting Area 7](#_Toc206423466)

[Staff Room 7](#_Toc206423467)

[Internet 7](#_Toc206423468)

[Alarm System 7](#_Toc206423469)

[**Needles & Sharps Disposal** 8](#_Toc206423470)

[Sharps disposal containers 8](#_Toc206423471)

[Needlestick Injury 8](#_Toc206423472)

[**Supplies & Orders** 8](#_Toc206423473)

[Office Supplies 8](#_Toc206423474)

[Cleaning Supplies 8](#_Toc206423475)

[Medical Supplies 9](#_Toc206423476)

[Vaccines 9](#_Toc206423477)

[**Internal Clinic Processes & Policies for Employees** 10](#_Toc206423478)

[Office Keys & Clinic Alarm System 10](#_Toc206423479)

[Appointment Booking 10](#_Toc206423480)

[Visit Length 10](#_Toc206423481)

[Reminders for Regular Appointments 10](#_Toc206423482)

[Same-day Appointments / Urgent Visits 10](#_Toc206423483)

[Service Animals 10](#_Toc206423484)

[Patient Arrival 10](#_Toc206423485)

[Patient Preparation 11](#_Toc206423486)

[Exam Room 11](#_Toc206423487)

[Appointment Completion 11](#_Toc206423488)

[Exam Room Supply Standards 11](#_Toc206423489)

[Prescription Renewals 12](#_Toc206423490)

[Change of Demographic Information 12](#_Toc206423491)

[Routine Practices to Prevent the Spread of Infectious Disease 12](#_Toc206423492)

[Preventing Respiratory Infection by Airborne or Droplets Routes 13](#_Toc206423493)

[Sale Transactions 13](#_Toc206423494)

[**Clinic Policies for Patients** 13](#_Toc206423495)

[Initial Patient Visit 13](#_Toc206423496)

[Respectful Environment 13](#_Toc206423497)

[Scent Free 14](#_Toc206423498)

[Confidentiality 14](#_Toc206423499)

[Patient Responsibility 14](#_Toc206423500)

[Appointment Cancellation 14](#_Toc206423501)

[Appointment No Shows 14](#_Toc206423502)

[Late arrivals 14](#_Toc206423503)

[Complex Medical Issues and Special Consideration 15](#_Toc206423504)

[Test Results 15](#_Toc206423505)

[Accessing Your Medical Records 15](#_Toc206423506)

[AI Scribe Technology Notice and Consent 15](#_Toc206423507)

[Costs 15](#_Toc206423508)

[Ending a Physician-Patient Relationship 16](#_Toc206423509)

[**Business Continuity Contact Information** 16](#_Toc206423510)

# **About our clinic**

## Clinic Name

|  |  |
| --- | --- |
| [**Clinic Name**] | |
| Clinic Hours | [Add here] |
| Special Services Offered, if applicable | [Add here] |

## Our Story

Founded in [Year], [Clinic Name] began with a simple mission: to provide compassionate, high-quality healthcare to our community. Our [type of clinic – I.e. Family Practice] started as a small practice with just [number] providers and has grown into a trusted clinic offering a wide range of medical services. Over the years, we have built lasting relationships with our patients, guided by a commitment to personalized care, innovation, and clinical excellence.

## Our Physicians

## A black and white line drawing of a person AI-generated content may be incorrect.

[Brief Introduction for each physician]

A black and white outline of a doctor

AI-generated content may be incorrect.

[Brief Introduction for each physician]

## Our Team

Our team consists of the following team members:

* [X] Administrator(s)
* [X] Licensed Practical Nurse (LPN)
* [X] Registered Nurse (RN)
* [X] Nurse Practitioner (NP)

# **Doctors**

## Hours of Work

The doctors each have a standard schedule that is the basis for [Clinic name] hours. Doctors may choose to alter their hours at their own discretion, providing the other doctors and staff with as much notice as possible.

## Locum Arrangements

When the doctors are away from the clinic for vacation or other types of leave of absence, they often arrange for another physician (called a 'locum') to provide relief coverage.

Locum arrangements are typically a private arrangement between the physician and the locum.

# **Administration**

## Our Location

Our clinic is located at: [Add clinic address]

## Our Clinic Operating Hours

|  |  |  |
| --- | --- | --- |
| Days | Clinic Hours | Telephone Hours |
| [Monday] | [8:00am-4:00pm] | [8:00am-12:00pm] + [1:00pm-4:00pm] |
| [Tuesday] | [8:00am-4:00pm] | [8:00am-12:00pm] + [1:00pm-4:00pm] |
| [Wednesday] | [8:00am-4:00pm] | [8:00am-12:00pm] + [1:00pm-4:00pm] |
| [Thursday] | [8:00am-4:00pm] | [8:00am-12:00pm] + [1:00pm-4:00pm] |
| [Friday] | [Closed (Administrative Day)] | [No Incoming Calls (Administrative Day)] |

## Communication

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number | Private Line | Fax Number | Clinic Email |
| [Add Phone Number] | [Add Phone Number] | [Add Fax Number] | [Add email] |

* Incoming calls only ring in the MOA area and exclude the doctor’s office and treatment rooms.
* Exam rooms [are/are not] equipped with phones.
* All phone lines are equipped with extensions. See below for a list of phone extensions and their location.

|  |  |
| --- | --- |
| Location | Extension |
| [Add Location] | [Add Extension] |

## Communication Standards

* Telephones should be answered on a timely basis, preferably within 3-rings.
* Private line is only to be shared with [who?].
* We [provide/do not provide] our clinic email address to patients for communication.
* Messages requiring attention ASAP will be completed by [the end of each business day]. All other messages will be dealt with in a timely manner, usually [a day or two] if it is not urgent.

## Telephone Tree

Upon calling the clinic, the caller will have the following options: [Add details – I.e. Press 1 for X]

If the clinic is closed or the lines are busy, the caller will have the following options: [Add details – I.e. Press 1 for X]

## Out of Office Greeting

* Medical Office Administrators are to switch the phone lines over to the “Out of office’ telephone message outside of the clinic’s telephone operating hours.
* The clinic phone system [will/will not] allow patients to leave voicemails.
* When the clinic is closed, the greeting message is to inform patients of when the clinic re-opens. For emergencies, they are directed to call (911) and for further health inquiries, they can call tele-care (811).

## Email

Due to the insecure nature of e-mail communication, we do not use email as a means of communication with our patients.

Alternatively, our patients can communicate with us via our EMR system by [Elaborate how to].

## Mail

Mailing Address: [Add clinic mailing address here]

Delivery location: [Front Desk, Mailbox, etc.]  
Mailing keys are kept: [Add Location]

## Medicare Billing Run Schedule

1. Login to your GNB account - [hps.gnb.ca](https://hps.gnb.ca/my.policy)
2. Select: “Electronic Communications for Physicians”
3. Under “Reports/Forms”, select: “Practitioner Run Schedule”  
   *(Refer to the image below)*  
   A screenshot of a computer

   AI-generated content may be incorrect.

## Medicare Contacts

|  |  |  |
| --- | --- | --- |
| **Who** | **When** | **How** |
| Practitioner Enquiries | Questions regarding submitted claims (adjustments, corrections, cancelled claims)  Questions regarding Reconciliation Statements | [pels.drpl@gnb.ca](mailto:pels.drpl@gnb.ca)  (506) 444-5860 (English only)  (506) 457-7572 (Bilingual)  (506) 444-5876 (Bilingual)  (506) 453-5332 (Fax) |
| Medicare Payments | Anything pertaining to accounts and/or banking information | [DHMedPay@gnb.ca](mailto:DHMedPay@gnb.ca) |
| MCE Admin | Technical issues with MCE, account issues or to reset password | [MCEAdmin@gnb.ca](mailto:MCEAdmin@gnb.ca) |
| Practitioner Liaison | To request billing/MCE training or refresher | [Medicare.Training.Formation@gnb.ca](mailto:Medicare.Training.Formation@gnb.ca) |
| Service Provider Registrar | First point of contact with Medicare | [medicare.spregistrar@gnb.ca](mailto:medicare.spregistrar@gnb.ca) |

## EMR

[Add Clinic Name] uses [Name of EMR]’s Electronic Medical Record system (EMR) for [Scheduling patient appointments, chart notes, e-prescribing, e-fax, Medicare billing, integration with the Provincial Health portal, and more.]

In case of any issues with the EMR, please contact [Add contact details].  
EMR Account Number: [Add here]

EMR - How to access: [Add link here or Specify desktop Application]  
Login: [i.e. First Initial and Last Name]  
Password: [i.e. To be created by each individual user]

# **Clinic Facility**

## Front Desk

Upon arrival, patients are asked to check-in at the front desk.

Staff should avoid making or receiving phone calls while another patient is at the front desk, to ensure patient confidentiality.

## Waiting Area

The waiting area is to be always kept tidy. It is the Medical Office Admin’s responsibility to monitor the area and tidy as necessary.

## Staff Room

The staff room is the responsibility of employees. Building cleaners will clean floors and empty the garbage and the recycling bin on a [frequency] basis. Cleanliness of the fridge, microwave, and cupboards is the responsibility of users of the staff room. It is expected that staff will keep this space in acceptable order.

## Internet

All computers at [clinic name] have wireless internet connection available. The password for the wireless connection is [password].

* Internet provider: [Add]
* Phone number: [Add]
* Account number: [Add]
* IT technician contact information, if applicable: [Add]
* Estimated cost per service request: [Add]

[A public wireless internet connection for patients is available. The password for patients is [Password].]

## Alarm System

[Clinic Name]’s alarm system is through [alarm company].

* In case of any issues please contact [Account Manager] by [Phone/Email + contact info]**.**
* In case of emergencies regarding this system, [Name of Individual] can be contacted by phone [Phone Number].
* Passwords for this system are individually assigned, and we ask that information is stored in a safe location.

# **Needles & Sharps Disposal**

Used needles and other sharp instruments (sharps) should be appropriately handled to avoid injury, including minimizing contact with used sharps. Sharps should be disposed of in puncture-proof containers, located in the same area where the sharp was used.

## Sharps disposal containers

* Sharps disposal containers are located [Location in clinic].
* All sharps disposal containers are picked up at the clinic [every frequency] OR [by calling to schedule a pickup – Contact Information: XXX-XXX-XXXX or email].
* To order more sharps disposal containers, [Process].

## Needlestick Injury

* If an employee gets a used needle in their finger or skin, follow these steps immediately:

1. [Add steps to follow]

* The employee is also required to advise employer immediately. This allows the employer to provide medical care and allows compliancy to the Occupational Health and Safety Act.

# **Supplies & Orders**

## Office Supplies

|  |  |
| --- | --- |
| **Current Vendor** | [Add] |
| **Website** | [Add] |
| **Sales Representative** | [Add] |
| **Account Number** | [Add] |
| **Items ordered** | [Add] |
| **Orders** | Phone: [Add] |
| Online: [Add] |
| **Payment Method** | [Add] |
| **Estimated Delivery time** | [X] Business Days |

## Cleaning Supplies

|  |  |
| --- | --- |
| **Current Vendor** | [Add] |
| **Website** | [Add] |
| **Sales Representative** | [Add] |
| **Account Number** | [Add] |
| **Items Ordered** | [Add] |
| **Orders** | Phone: [Add] |
| Online: [Add] | |
| **Payment Method** | [Add] |
| **Estimated Delivery Time** | [X] Business Days |

## Medical Supplies

|  |  |
| --- | --- |
| **Current Vendor** | [Add] |
| **Website** | [Add] |
| **Sales Representative** | [Add] |
| **Account Number** | [Add] |
| **Items Ordered** | [Add] |
| **Orders** | Phone: [Add] |
| Online: [Add] | |
| **Payment Method** | [Add] |
| **Estimated Delivery time** | [X] Business Days |

## Vaccines

|  |  |
| --- | --- |
| **Current Vendor** | [Add] |
| **Website** | [Add] |
| **Sales Representative** | [Add] |
| **Account Number** | [Add] |
| **Items Ordered** | [Add] |
| **Orders** | Phone: [Add] |
| Online: [Add] | |
| **Payment Method** | [Add] |
| **Estimated Delivery Time** | [X] Business Days |

# **Internal Clinic Processes & Policies for Employees**

## Office Keys & Clinic Alarm System

[Add required details about the clinic’s alarm system that may need to be communicated to employees].

## Appointment Booking

Appointments can be made by calling our practice directly. Alternatively, patients can book online at this [Website link] by [creating a patient account and selecting X within their profile].

## Visit Length

The general length of medical appointments is [X minutes], except for [I.e. Counselling, mental health, stress management, or well baby visit which will take up 2 appointment slots]. If a patient requires more time for an appointment, [indicate the clinic’s process] to allow for proper time management.

## Reminders for Regular Appointments

Office administrative staff are to call patients to remind them about upcoming appointments [X days] prior to scheduled appointment.

OR

Our electronic medical record (EMR) system will send automatic reminders for upcoming appointments [X days] prior to scheduled appointment.

## Same-day Appointments / Urgent Visits

We routinely reserve several appointment slots to accommodate concerns that should be seen urgently. Patients should be encouraged to reach out our clinic as their first point of contact if they require a same-day appointment.

## Service Animals

This clinic is committed to allowing full access to our facility for patients with service animals. Service animals are permitted in our clinic to assist patients with physical, mental and / or sensory disabilities. It is the responsibility of the owner to ensure the animal is properly controlled to avoid unnecessary disruptions, risk to safety or damage to property.

## Patient Arrival

Upon patient arrival, the Medical Office Admin will ensure to check-in patient.

* [Consider noting instruction on checking-in a patient manually or electronically – i.e. MOA will confirm the patient’s demographic information along with their Medicare number/expiry date for billing purposes. MOA will enter the patient as [Waiting/Arrived] in the EMR System].
* [Consider noting any instructions such as how to tell if a patient requires special care such as a wheelchair].
* [Consider noting how to know if a patient requires extra pre-testing or injections].

## Patient Preparation

* When patient is being prepped, [consider noting instructions on patient preparation either manually or electronically].

## Exam Room

* When patient is in exam room, [consider noting instructions on exam room procedure either manually or electronically – I.e. Ready for doctor].

## Appointment Completion

* When appointment has been completed, [consider noting instruction on checking-out the patient manually or electronically].

## Exam Room Supply Standards

The exam room supplies area should be kept clean and items should be organized and easily accessible. [Example - Items in the supply room should be organized in the following way]:

|  |  |  |
| --- | --- | --- |
| **Countertop** | **Cupboards** | **Drawer (1st)** *Injections* |
| * Q-Tip (Small + Large) * Tongue depressors * Sharps container * Gloves (Small, Medium, Large) * Hand Soap | * Extra boxes of gloves (one of each size) * Dixie cups for drinking * LN2 cups * Wound cleanser/saline | * Needles: - 30g light brown (1/2”, 1”), 27g (1 ½”), 25g blue (1 ½”, 5/8”), 22g black (1”), 16g (1 ½”), * Syringes (1CC, 3CC, 60CC) * Spot bandages |
| **Drawer (2nd)** *Wound care* | **Drawer (3rd)** *Miscellaneous clinical supplies* | **Under sink** |
| * Bandages * Scalpel blades (10) * Roll gauze * 1x1 gauze * Polysporin * Paper tape * Vet wrap – the ripple stuff that sticks to itself | * Tendon hammer * Spare BP cuffs * Thermometer with sleeves if oral thermometer | * Extra towels, if necessary * Spare Paper Towels * Extra hand soap * Spare sharps container * Extra gloves |
| **Exam table** | | |
| * Gowns * Sheets or paper for exam table * Pap Vaginal Speculum * Cervical swabs, C&S swabs, Viral swabs | | |

## Prescription Renewals

Our clinic policy requires patients to make an appointment with the clinic for a prescription renewal. Exceptions to this rule includes:

* Hospice patients
* Housebound patients
* An exception at the doctor’s discretion.
* The doctors may sometimes agree to do a faxed refill but will charge for this service [insert cost of service].

If the doctor agrees to provide a renewal by fax or phone, the MOA should prepare the following information proactively:

* Medication name and strength
* Frequency or use (I.e. QD, BID, TID, q. HS, PRN)
* Is the patient picking up the prescription or are we faxing it? If we are faxing it, which pharmacy?

## Change of Demographic Information

To ensure timely and accurate communication with our patients regarding their healthcare, billing, and other important information, it is essential that we maintain up-to-date contact information.

It is the responsibility of each patient to notify the clinic of any change in their address, phone number, or other contact information.

Patients may update their contact information in one of the following ways:

* In person at the front desk during a visit.
* By calling our office at [Insert Phone Number].
* [Through the patient portal, if applicable.]
* [By completing a “Change of Address” form, available at reception or on our website, if applicable.]

## Routine Practices to Prevent the Spread of Infectious Disease

* Handwashing should occur before and after every patient contact.
* Wash hands with soap and warm water for 15-30 seconds.
* Waterless, alcohol-based hand-sanitizers are also effective, unless hands are visibly soiled.
* Wear disposable, waterproof gloves when touching blood and body fluids, or when handling contaminated items.
* Gloves should be used in addition to handwashing, not as a substitute.
* Wear other PPE (personal protective equipment) such as masks, face shields, eye protection, and/or gowns if there is a risk of exposure to blood and body fluids.
* Handle contaminated equipment and linens according to safe work procedures to prevent the transfer of infectious organisms.
* Handle and dispose of sharps according to safe work procedures.
* Use mouthpieces or other ventilation devices instead of mouth-to-mouth resuscitation, whenever possible.
* Appropriate sterilization and disinfection of reusable equipment and office surfaces (counters, doorknobs/handles, and furniture) on a routine basis.

## Preventing Respiratory Infection by Airborne or Droplets Routes

* Screen patients when scheduling appointments. Whenever possible, patients suspected of carrying a transmittable respiratory infection should be booked [at the end of the day].
* Quickly triage patients suspected of carrying a transmittable respiratory infection out of common waiting room areas [(i.e. Enter location within the clinic)].
* Ensure that alcohol-based hand antiseptics and disposable surgical masks are available to all patients.
* Ask patients suspected of carrying transmittable respiratory infections to wear a mask and use the hand-sanitizer immediately upon entering the clinic, and again before seeing a doctor or nurse.
* Close the door of examining rooms, limiting access to the patient by visitors and staff members.
* Patients known to be antibiotic-resistant should have this indicated in their medical record, and special care should be taken to prevent the spread of these organisms, including disinfecting all surfaces that have been in direct contact with the patient, immediately after a visit.
* Routine infection control practices (handwashing, sanitizing surfaces, and using personal protective equipment) are to be used with all patients, regardless of presumed infection or diagnosis.

## Sale Transactions

|  |  |
| --- | --- |
| Software | All sale transactions are completed via [Software]. |
| Payment Methods | Debit/Credit – [Where to save receipts]  Cash – [Where to put cash] |
| Costs | [List different costs/service] |

# **Clinic Policies for Patients**

## Initial Patient Visit

At your first appointment, your provider will take time to get to know you and discuss important topics such as [I.e. your medical history, any current concerns, and your completed intake form]. [If applicable - We’ll also go over clinic policies and make sure all your questions are answered]. To help us make the most of your appointment, please arrive on time and bring the following:

* [Your Health Card (e.g., Medicare)]
* [A current list of medications]
* [Your completed intake form]

We typically schedule [X amount of time] for this initial visit. If additional concerns arise that require more time or follow-up, we may recommend a second visit to give each concern the attention it deserves.

Respectful Environment  
We are committed to building and preserving a pleasant and comfortable environment for patients, staff, doctors and visitors alike. Consequently, we have a zero-tolerance policy for any sort of harassment/abusive behaviour towards office staff, nurses, doctors or other patients. This includes verbal, physical harassment and any abusive communications via phone and/or in person. This type of behaviour will be grounds for immediate dismissal of the patient from the medical practice.

## Scent Free

To ensure that we create a healthy and safe environment for our patients and employees, [Clinic name] maintains a scent free policy. Patients, visitors, employees and medical staff are requested to refrain from the use of scented products. Scented products contain certain chemicals that trigger symptoms in people with migraine, headaches, allergies, asthma and other respiratory disorders. Sometimes requiring emergency treatment.

Confidentiality   
Confidentiality is of the utmost importance and will be strictly maintained. Your medical information will NOT be released to anyone (including members of your family) without your written permission. If we are unable to reach you directly over the telephone, we will leave a message for you to contact us.

Patients are permitted to restrict the disclosure of such information. For this reason and in conjunction with the College of Physicians and Surgeons of New Brunswick regulations, we are required to obtain written express consent from the patient before we disclose the patient’s personal health information. It is permissible for a parent or legal guardian to manage these tasks for a minor and by default a parent or guardian is assumed to have authorization for a minor. **Children sixteen (16) years of age or older MUST also grant authorization to a parent or guardian as per the Medical Consent of Minors Act**.

## Patient Responsibility

To ensure optimal follow-up of your care, we ask that you bring an up-to-date list of your medications to each appointment. It is also your responsibility to verify if he/she needs refills before your scheduled appointment.

## Appointment Cancellation

If you are unable to make it to your appointment, we ask you to advise us **at least 24 hours prior** to your scheduled appointment time. By doing this, we can provide access for another patient. All cancellations with less than 24h notification may be subject to an administrative fee.

## Appointment No Shows

If you are unable to attend your appointment and have not notified our office 24 hours in advance, you will receive a warning letter. Should the same situation happen a second time, you will be billed for the cost of the missed appointment.

## Late arrivals

If you arrive more than [X] minutes late to your scheduled appointment, you will be asked to reschedule. We understand that delays can happen; however, arriving late disrupts the schedule and impacts other patients.

## Complex Medical Issues and Special Consideration

If you are travelling a long distance and/or believe that your concerns will require more time with the doctor, it is important for you to inform our receptionist so that an extended appointment can be booked.

## Test Results

We promptly review all test results. We [do/do not] contact patients with normal results [unless X]. If any results are abnormal, our clinic will contact you to book an appointment with your physician. When scheduling your appointment, please confirm with our administrative staff that your test results have been received or verify your MyHealthNB patient profile <https://myhealth.gnb.ca/s/?language=en_US>. Regardless of the result, we encourage you to consult your doctor if your symptoms persist or worsen. Please note that staff are unable to provide test results via [telephone, fax, email] due to privacy and confidentiality regulations.

## Accessing Your Medical Records

Under the Personal Health Information Protections and Access Act (PHIPAA), if a patient requests access to medical records, your doctor will make these records available for inspection within 30 days without charge. If a patient requires help understanding the record, the doctor will schedule an appointment to go over the information. If a patient would like a copy of their record, this can also be received within [30 days] of a request. An administrative fee may apply.

## AI Scribe Technology Notice and Consent

As part of our commitment to providing efficient, high-quality care, our clinic may use secure AI scribe technology to help document your visit. This tool listens during your appointment and generates clinical notes to assist your health-care provider.

* The AI scribe does not retain or store audio.
* All data is handled in accordance with Canadian privacy and confidentiality laws.
* Your provider always reviews and finalizes the clinical notes.

I consent to the use of AI Scribe technology during my visits.

I do not consent to the use of AI Scribe technology during my visits.

If you have any questions, please speak with your care provider or a member of our team.

*Note: This consent must be saved and documented in the patient's EMR file for record-keeping purposes.*

## Costs

The patient is responsible for fees for medical services that are not covered by Medicare. The fees assigned are as per the recommendations of the provincial medical association. We realize and will take into consideration financial hardship. Some examples include and are not limited to:

Travel consultations (immunizations)  
This service is not covered by Medicare; therefore, patients are responsible for the associated costs.

Filing various forms   
Please consult our secretary for pricing. (i.e. Disability, Insurance, Driver’s Medical Forms)

## Ending a Physician-Patient Relationship

Should a patient be dismissed from the medical practice, a notice of dismissal shall be given in writing no less than [# days] prior to intended date of termination.

# **Business Continuity Contact Information**

|  |  |
| --- | --- |
| **Name** | **Contact Information** |
| Landlord/  Property Manager | [Add Contact Information] |
| Emergency Dept | [ER Dept Phone Number] |
| Local Hospital | [Switchboard Phone Number] |
| Doctor in charge | [Add name and phone number] |
| Insurance | [Phone Number]  [Account Number/Policy Number] |
| College of Physicians of NB | Tel: (506) 849-5050  General inquiries: [info@cpsnb.org](mailto:info@cpsnb.org) Web: [College of Physicians and Surgeons of New Brunswick - Home](https://cpsnb.org/en/) |
| CMPA | Tel: [1-800-267-6522](tel:1-800-267-6522) Contact us: [CMPA - Contact us](https://www.cmpa-acpm.ca/en/connect/contact-us)  Web: [CMPA - Home](https://www.cmpa-acpm.ca/en/home) |
| Medical Staff Office | [Add contact information] |
| EMR Helpline | [Add contact information] |
| New Brunswick Medical Society | Tel: [(506) 458-8860](https://www.google.com/search?q=NBMS+phone+number&oq=NBMS+phone+number&gs_lcrp=EgRlZGdlKgYIABBFGDkyBggAEEUYOTIHCAEQABjvBTIHCAIQABjvBTIHCAMQABjvBTIKCAQQABiABBiiBDIKCAUQABiABBiiBDIGCAYQRRhAMggIBxDpBxj8VdIBCDIxMDVqMGoxqAIAsAIA&sourceid=chrome&ie=UTF-8)  Email:  [info@nbms.nb.ca](mailto:info@nbms.nb.ca) Web: [Home - New Brunswick Medical Society](https://www.nbms.nb.ca/) |
| NBMS Practice Support | Email (EN) :[Practicesupport@nbms.nb.ca](mailto:Practicesupport@nbms.nb.ca)  Email (FR) :[soutienpratique@smnb.ca](mailto:soutienpratique@smnb.ca) Web: [NBMS Practice Support - New Brunswick Medical Society](https://www.nbms.nb.ca/nbms-practice-support/) |
| [Add Other] | [Add] |