

# Patient Service Agreement



At the North Bay Indigenous Hub, the most important job for our team of Health Care Providers is providing quality care to our patients. To do this to the best of our ability, we partner with you, our patient, to create and nurture an atmosphere of respect, comfort, and cultural safety. We therefore ask as a condition of your being rostered with us that you sign this agreement:

## **Patients' Rights & Responsibilities**

I understand that as a patient receiving health care services, I have clearly defined RIGHTS.

1. I have the right to receive services that are culturally safe and provided in a professional, effective, and efficient manner.
2. I have the right to understand the type of care that I am being offered and what receiving care will mean to me.
3. I have the right to the same quality care as anyone regardless of my race, color, age, religion, national origin, gender identity, sexual orientation, or disability.
4. I have the right to be treated with compassion, courtesy, professionalism, and respect.
5. I am responsible for my health and I have the right to participate in decisions about my care.
6. I have the right to consent to or refuse care.
7. I have the right to privacy and confidentiality. Access to my personal, financial, or medical information will be limited only to staff and other Health Care Providers who need the information to do their job. I understand that I may need to give written permission before any of my personal information is released to anyone outside my Circle of Care.
  - a. The only exception to the privacy of my medical information would be for situations in which the North Bay Indigenous Hub staff would need to take appropriate actions to ensure my safety or that of others (for any other cases information will not be released without a subpoena):
    - i. If I am in danger of seriously harming myself;
    - ii. If I am in danger of harming someone else;
    - iii. If there is good reason to believe that I am abusing or neglecting a child or vulnerable adult;
    - iv. If a known sexual perpetrator is in close contact with a child presently under 16;
    - v. If the North Bay Indigenous Hub staff becomes aware of sexual abuse that has been committed by another professional

I understand that I also have RESPONSIBILITIES.

1. I commit to always treating the North Bay Indigenous Hub staff with respect, be it in person or on the telephone.
2. I will not intimidate, curse, or threaten any North Bay Indigenous Hub staff member or fellow patient.
3. I will not throw objects, or damage property in any other way while at the North Bay Indigenous Hub.
4. I will not slam doors.
5. I will not block, or physically attack or threaten any other physical act intended to harm anyone at the North Bay Indigenous Hub.
6. I will respect the confidentiality of the North Bay Indigenous Hub environment and of other patients.

**NO SHOWS:** I understand that there is a large demand for health care services in my area and that any appointment I do not show up for is time denied to someone else in need. If I cannot make my scheduled appointment, I commit to cancelling as soon as possible, preferably within 24 hours.

I understand that I will be assigned a Health Care Provider as seen fit by the North Bay Indigenous Hub according to availability and complexity of care. At times I may see another member of the health team if my Health Care Provider is not available.

I have reviewed the Service Agreement and consent to receive services through the North Bay Indigenous Hub and I understand that any violation of the above commitments may result in my being discharged from the Hub as a patient.

Date	Print Name	Signature

I have reviewed the Service Agreement and consent for my child/legal guardianship/legal responsibility to receive services through the North Bay Indigenous Hub.

Date	Patient Name	Guardian Name	Guardian Signature