

The VCHC Model of Care and Service Agreement

For Primary Health Care Services

VCHC Model of Care

Primary health care services at VCHC are client-centered. The needs and preferences of each person are taken into account, and where possible, accommodated.

Each client is seen as a whole person:

- with strengths and resources as well as needs
- with a unique history, background, culture, life situation, values and beliefs.
- able to participate in their health care decisions and follow-up

Every client is an active participant in their own care.

Our model of care emphasizes access to comprehensive services, coordination between services, and the right care, delivered by the right provider, at the right time. Clients who agree to register to see a physician or nurse practitioner at the Vaughan Community Health Centre must see only the VCHC physicians or nurse practitioners for their primary healthcare needs and not other primary care providers outside of the VCHC. This enable our physicians/nurse practitioners to provide continuous and comprehensive care for clients. Double doctoring is not accepted.

We go beyond individual assessment and treatment – focusing as well on health education, illness prevention, and working with others in the community to ensure good health for all.

The healthcare providers at the Centre are salaried. We are able to provide you with the time and attention that you need. We have a variety of healthcare providers: Family Physicians, Nurse Practitioners, Registered Practical Nurse, Phlebotomist, Certified Diabetes Educators (Nurses and Dietitians), Chiropodists, Social Workers, Community Dietitians, Physiotherapist, Registered Respiratory Therapists, Registered Kinesiologist, System Navigation Case Managers, and Community Health Workers. All of them make up the VCHC circle of care.

While receiving services at the VCHC you may need to see more than one health care provider and they may share pertinent information about you with each other. As part of your care, your provider may send information that is relevant to your healthcare to other healthcare providers you see outside of VCHC. However, at no time will your personal health information be shared outside of VCHC without your consent.

Client Rights and Responsibilities

Every VCHC client has the right:

- To be treated with respect and without discrimination by all VCHC staff, volunteers, students, and community partners providing programs/services at VCHC, in a way that fully recognizes the client's dignity and individuality;
- To have access to all of VCHC's programs and services that are available and appropriate to their needs;
- To receive quality service;
- To be assured that personal information is kept confidential by Centre staff, students, volunteers and community partners in accordance with Ontario's *Personal Health Information Protection Act, 2004* and VCHC's privacy policy and protocols;
- To be assured of privacy during personal interviews, counseling sessions and medical assessments;
- To services and programs offered in a safe, clean, and accessible environment;
- To raise any concerns s/he may have about the centre, to recommend changes, or to make a complaint without fear of retaliation;
- To participate in VCHC's planning for additional or improved services and programs.

In addition, as a client of primary health care services, you have the right:

- To be informed of your diagnosis and proposed course of treatment, and to be informed of consequences of accepting or refusing treatment;

- To actively participate in the healthcare you are receiving by discussing proposed treatment plans with your health care provider(s) and by making decisions about it. This includes the right to refuse or discontinue service, support or treatment.
- To have access, through an assigned healthcare professional to your health records on request, and to understand what they mean;
- To designate a person to receive information regarding your condition and treatment and, if necessary, to make decisions on the your behalf;
- To decline to see a student healthcare professional whether under the supervision of a healthcare professional or not.

Every VCHC client has the responsibility:

- To provide relevant information to program and service staff;
- To ask questions when information is needed or instructions are unclear;
- To be courteous and respectful of other clients, members of staff, students, volunteers and community partners;
- To recognize that the needs of other clients may sometimes be more urgent than one's own;
- To refrain from wearing perfumes or any other scented products while at the Centre; to refrain from smoking and/or marijuana consumption at least 30 minutes before entering the building due to the tobacco or marijuana smell lingering in hair and clothing.

To maintain client, visitor and staff privacy, the use of recording devices is not permitted without consent.

- To respect Centre property and comply with Centre regulations and policies.

In addition, as a client of primary healthcare services, you have the responsibility:

- To follow the treatment plan agreed upon, or to inform the provider if unable to do so;
- To accept responsibility for the decisions you make about your care;

- To recognize that healthcare professionals do not provide any treatment that they consider to be medically or ethically inappropriate;
- To see only the VCHC physicians/nurse practitioners for your primary healthcare needs, unless in the event of an emergency or VCHC clinic is not open;
- To understand and be responsible for all expenses not covered by the Ontario Health Insurance Plan or private insurance, unless otherwise negotiated;
- To respect the time of staff and other clients and call the Centre with at least 24 hours' notice when unable to keep an appointment. Please note that if you miss 2 or more appointments without an explanation, you may be asked to find care elsewhere. Clients who are late for a scheduled appointment may be asked to rebook.
- To understand if not visited for three years your chart will be closed.

Your signature below indicates your understanding and acceptance of VCHC's model of care and your rights and responsibilities as a client receiving primary health care services at the VCHC.

I _____, (please print name) wish to receive primary health care service(s) at VCHC and endorse this Service Agreement

Signature: _____

Date: _____

Witness (name, position title): _____

Date: _____