

Oakmount Medical

Clinic Policies

About the doctor-patient relationship

1. I agree to be respectful to all staff members at the clinic, including physicians, front desk staff, and allied health providers. This applies to phone and in person interactions. Being disrespectful in any manner, which includes and is not limited to raising my voice, making inappropriate remarks, and uttering threats, will result in termination of the family physician and patient relationship.
2. I agree to seek care from my family doctor whenever possible. If I have an urgent matter and I cannot seek care from my family doctor soon enough, I should go to Urgent Care or the Emergency Department.
3. I agree to name my family doctors when asked by another healthcare provider, so that my family doctor will receive notes from said providers and be able to provide the required follow up care.
4. I agree to communicate honestly and openly about my health care needs.
5. I understand that refusal to cooperate with clinic policies may result in termination of the family physician and patient relationship.

Initials

Management of medications and health concerns

6. I understand that my doctor can only adequately address 1-2 issues per visit. If I have multiple issues to discuss, I will bring that up, and schedule follow-up visits so that they can be addressed thoroughly.
7. I will book an appointment to renew my prescription in a timely manner when I run out of refills on my prescription (1-2 weeks before I run out of medications). I will contact the clinic directly and NOT ask the pharmacist to fax a prescription refill.
8. I agree to pay a cancellation fee if I miss my virtual or in office appointment. I understand that appointment cancellations require 24 hours notice.
9. I understand that I may be charged for "Doctor's Notes", "Sick Notes", or "Off Work/Off School" notes.
10. I agree to provide a random urine sample within 24 hours, per my provider's discretion, if I am being prescribed controlled medications including but not limited to opioids, stimulants, and benzodiazepines. Failing to do so may lead to a delay, reduction, or cessation of the medication.

Initials

Name of patient

Date (YYYY-MM-DD)

Oakmount Medical

Health records, patient privacy, and telecommunications

11. I consent to receiving communications with my physicians and staff by telephone, email, and other electronic communication methods, with the understanding that these modes of communication are not secured and may contain sensitive personal health information.
12. I accept that care may be provided by telephone, text, email, or other electronic communication methods. I understand the risks for my medical information to be intercepted and the risks with unauthorized disclosure of information, given that these modes of communication are not secured.
13. I understand that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent conditions. I will seek urgent care in an Emergency Department as necessary.
14. I consent for my family doctor to obtain records from doctors, allied health care providers, and healthcare facilities. I also consent for my family doctor to send information to other healthcare or allied care providers.
15. I consent to have my medical information accessed by my family doctor through services such as Medinet, PharmaNet, and Care Connect.

Initials

Infection Control

Our infection control procedures are designed to keep patients, staff, and doctors safe.

16. All patients are asked to wear a mask while at Oakmount Medical.
17. Patients with cough, cold, or flu-like symptoms are advised to book a telephone appointment first. Then, the doctor will determine if, when, and where you be seen in-person.
18. Patients with cough, cold, or flu-like symptoms may be asked to wait outside or in their vehicle while waiting to be seen. The doctor may request to complete the in-person assessment at these locations if that is the safest option.

Initials

Name of patient

Date (YYYY-MM-DD)