**CLINIC REGISTRATION INSTRUCTIONS**

YOU MUST NOT BE CURRENTLY UNDER THE CARE OF OR ROSTERED WITH ANOTHER PHYSICIAN FROM THE BARRIE AND AREA FAMILY HEALTH TEAM (FHT). **INCOMPLETE PACKAGES WILL NOT BE ACCEPTED.**

IN THIS PACKAGE YOU WILL FIND THE FOLLOWING DOCUMENTS:

1. Q200 form Patient Enrolment and Consent to Release Personal Health Information
   1. Complete “section 1” if you are enrolling yourself
   2. Complete “section 2” if you are enrolling any child(ren) under the age of 16 yrs. or adult dependents
   3. Complete “section 3” and be sure to sign but DO NOT date it
2. Partners in Health Agreement
   1. Please be sure to read the agreement in its entirety and sign and date
3. Patient Registration form
   1. Please complete
4. Health Questionnaire
   1. Please complete as much information as possible
5. Consent Form for Appointed Representative to Access and Discuss Medical Information
   1. Please read the agreement in its entirety and sign and date
6. Consent to Release Medical Information
   1. This form allows our office to obtain medical records from a previous provider, hospital or specialist
   2. Please sign, date and have this form witnessed
7. Patient Consent form for Email Communication
   1. Please read this form in its entirety and sign and date
8. Patient Consent form to use AI Scribe
   1. Please read this form in its entirety and sign and date