![A picture containing shirt

Description automatically generated]() **PARTNERS IN HEALTH AGREEMENT**

Dr. Wright’s primary care office is a comprehensive primary care (family) practice. She also provides care to residents of many local Long Term Care facilities (nursing homes). General information, appointment booking link, hours of operation and special announcements can be found on the website <https://www.doctorkelleywright.com>

As your family doctor, Dr. Wright and her practice team agree to:

* Provide you with the best care possible
* Coordinate any specialty care you may need
* Offer you timely access to care (phone calls, virtual and in-office appointments), to the best of her ability
* Maintain an ongoing record of your health
* Keep you updated on any changes to services offered at the clinic
* Communicate with you honestly and openly so we can best address your health care needs
* Treat all patients with respect and dignity. Differences of opinion regarding your care, moral or ethical values will be respected, however, in some circumstances they may result in dissolution of the doctor-patient relationship if not resolvable

As a patient of Dr. Wright, we ask that you:

* Seek your health care from Dr. Wright and office team whenever possible and in her absence, through or the local emergency department or the Barrie After Hours Clinic <https://barriefho.ca>
* Name Dr. Wright as your family doctor if you visit the emergency department or another provider
* Communicate with Dr. Wright honestly and openly so we can best address your health care needs
* Take responsibility for your health care and maintenance with the guidance of Dr. Wright and staff, including keeping appointment dates and times. Failure to provide 24-hr notice to cancel an annual physical appointment will result in a missed appointment fee of $75, and $40 for a regular appointment

As a patient of Dr. Wright and the Barrie and Community Family Health Team, your privacy is paramount. We will not disclose personal medical information to ANYONE without your expressed written permission. This includes other family members. If you wish to have your family participate in your health care (ie. booking appointments, leaving voicemail messages on home phones, family meetings etc) written consent MUST be provided. For more information on our privacy policy, visit <https://barriefht.ca>

A number of services are not covered by the Ontario Health Insurance Plan (OHIP). These services include completion of forms and certain medical procedures. Fees vary depending upon the service and payment is expected before or at the time of the appointment or request.

If an outstanding account has been incurred by a patient, payment is expected upon arrival at the next appointment. Cash, cheque or e-transfer are accepted with a receipt issued at the time of payment. A list of uninsured services is available at the office or on our website

There is ZERO tolerance of any harassment, intimidation or abuse of any member of our staff or physician. If you have any questions or comments please direct them to our office for further clarification. By signing this form, you agree to the partners-in-health agreement

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_