

## **The VCHC Model of Care and Service Agreement**

### **For People Accessing Care Teams (PACT) Services**

#### **VCHC Model of Care**

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.

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.

PACT engages a variety of healthcare providers: System Navigation Case Managers, Chiropractors, Social Workers, Certified Diabetes Educators (Nurses and Dietitians), Community Dietitians, Lung Specialists, Physiotherapists, and Psychologists. All of them make up the VCHC circle of care.

While receiving services at 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 (i.e. your referring physician and purchase of service clinics). 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 VCHC's programs and services that are available and appropriate to their needs;
- To receive quality services;
- 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, counselling 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 PACT client, 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 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 services, 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 your behalf;
- To decline to see a student healthcare professional whether under the supervision of 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 respect Centre property and comply with Centre regulations and policies.

**In addition, as a PACT client, 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 understand and be responsible for all expenses not covered by the Ontario Health Insurance Plan, unless otherwise negotiated;

**Missed Appointments:**

- Please note that if you miss 2 or more appointments without an explanation, you may be asked to find care elsewhere
- 1st Appointment: If you are not able to keep your first appointment, you are required to call VCHC at least 48 hours prior to the scheduled appointment time to reschedule the appointment. If you do not contact VCHC within this time frame and you do not show up for your first appointment, your referral will be discharged, and your referring provider will be notified.
- **Follow Up Appointments:** Clients who no show for their follow up appointments will be contacted by VCHC to inform them of the no-show. Clients will have 48 hours from their missed appointment to contact VCHC in order to re-book their appointment. Client who do not contact VCHC within 48 hours to re-book their follow up appointment will be discharged, and the referring provider will be notified.

**Rescheduling Follow-up Appointments:**

- Please call the VCHC with at least 24 hours' notice when you are unable to keep a follow-up appointment.

**Arriving Late for Appointments:**

- Clients who are late for a scheduled appointment may be asked to rebook.

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

I \_\_\_\_\_, (please print name) wish to receive PACT service(s) at VCHC and endorse this Service Agreement

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

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

Witness (name, position title): \_\_\_\_\_

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