

Vaughan Community Health Centre Client Service Agreement

VCHC Model of Care

Services at VCHC are client centered. The needs and preferences of each person are considered, 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.

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. We collect socio-demographic information (such as income, education, gender, sexual orientation, etc.) from clients to help guide the planning of programs and services to better meet the needs of our clients and community at large.

The healthcare providers at the Centre are salaried. We can provide you with the time and attention that you need. We have teams of healthcare providers who make up the VCHC circle of care which includes:

Primary Healthcare: Our primary care team includes family doctors, nurse practitioners, and allied health professionals. Our team collaborates to provide medical services to registered clients of the Western York Region. We also provide services to uninsured community residents.

Allied Health - PACT (People Accessing Care Teams): The Allied Health-PACT program provides access to a team of allied healthcare professionals. PACT services provide care to people with complex health conditions, who are facing barriers to accessing healthcare due to social determinants: low income, unemployment, and language barriers.

Chronic Disease Prevention & Management: Our Chronic Disease Prevention and Management program team consists of Diabetes Education, Lung Health, and Chronic Obstructive Pulmonary Disease (COPD), and Exercise Education. We have a team of Registered Nurses, Dietitians who are diabetes educators, Chiropractors, Kinesiologists, and Respiratory Therapist.

Health Promotion Group Programs: By focusing on health promotion, chronic disease prevention, and increasing access to health care, the VCHC is working toward our vision of a healthy community, one in which the physical and emotional well-being of the individual, and social determinants of health are addressed.

You may choose to receive care in person or virtually, which may include telephone or video appointments. Please note that certain appointments may be required to occur in person due to medical procedures or clinical judgment. If you elect to receive care virtually, you must be physically located within the Province of Ontario at the time of the service.

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.

Appendix A: Client Rights and Responsibilities for All Registered Clients

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 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 they 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.
- To refuse or discontinue service or participation.

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 not use/wear any scented products while at the Centre, including perfumes, colognes, personal care products; and to refrain from smoking at least 30 minutes

before entering the building due to the lingering smell of tobacco and cannabis in hair and clothing.

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

Appendix B: Additional Client Rights and Responsibilities for Clients Receiving One-on-One Healthcare Services

As a client receiving one-on-one healthcare services you have the right:

- If receiving primary healthcare services, 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.
- If receiving allied health-PACT services, understand that PACT program offers limited sessions. The program prioritizes individuals who **do not** have extended health coverage and are not eligible or **do not** have an active Workplace Safety and Insurance Board (WSIB) or motor vehicle accident (MVA) claim.
- 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 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 your behalf.
- To decline to see a student healthcare professional whether under the supervision of a healthcare professional or not.
- 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 or private insurance, unless otherwise negotiated.

As a client receiving one-on-one healthcare services, you have the responsibility:

- 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.
- To attend to your appointments as scheduled. If you are a newly registered client who has not shown up for your first 2 consecutive appointments without providing VCHC

with a reason for the missed appointments, the Centre will not reach out to you for rescheduling. Please reach out to the VCHC and reschedule your appointment when you are ready.

- To arrive 10 minutes before their appointment to ensure enough time for checking in and keeping the flow of appointments on time. Clients who are late for a scheduled appointment may be asked to rebook based on VCHC's policies.
- To follow the cancellation policies and procedures of external organizations when referred for services outside the VCHC.

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

I _____, (please print name) wish to receive service(s) at VCHC and endorse this service agreement.

Signature: _____ **Date:** _____