



Changepain Medical & Allied Health Clinic Patient Engagement Agreement

This agreement is between _____ and
Changepain Medical & Allied Health Clinic™.

Introduction to Changepain Medical & Allied Health Clinic

Changepain Medical & Allied Health Clinic opened in 2013 with a vision to provide the most effective solutions to change pain and support whole person recovery. Getting appropriate treatment early right after injury is key to fuller recovery and minimizing time wasted getting there. We are recognized for achieving the highest standards in safety and clinical care by the College of Physicians and Surgeons of BC (CPSBC) and one of few CPSBC accredited Pain Centres in BC.

At our core, we are a uniquely skilled and highly experienced team of pain specialized medical doctors and allied health clinicians who are passionate about helping people in pain. We offer the breadth of evidence-based pain and function recovery services that apply the best science, knowledge and technology from Medicine, Nutrition, Brain health and Movement.

About changepain' s Core Pain Program

changepain' s Core Pain Program is a **12-months outpatient program** focused on providing layered care to patients with persistent pain. The goal of this program is to understand the origin of the pain, manage the pain through effective evidence-based treatments and empower the patient with self-management tools.

Throughout the 12 months, various types of treatments and therapies are offered to:

- help each patient diagnose the root cause of the pain
- educate patient to achieve individualized goals for functional recovery, and
- determine if their pain can be managed at Changepain Medical & Allied Health Clinic.

To ensure the continuum of care, towards the end of the program, the patient will be either:

- Transitioned to the rehabilitative services or the community care management.
- Or,
- Referred to other services based on the diagnosis.

To learn more about changepain' s Core Pain Program, visit- <https://www.changepain.ca/cpc-core-pain-program>

Background

Providing the best possible medical care to our patients is our foremost priority. To serve all our patients optimally, we follow a set of clinic policies in compliance with the standard of practice in this province.

We ask that all of our patients respect our policies, and we encourage everyone to ask us questions they may have regarding these policies.





Please read the following Clinic Policy carefully and initial each item. If you have any questions, please let us know before signing.

I. Participation in Core Pain Program:

- I agree to engage with Changepain Medical & Allied Health Clinic for **my Pain Care** and:
 - Communicate with my doctor honestly and openly.
 - Respect all Changepain Medical & Allied Health Clinic staff and refrain from any form of verbal or physical aggression or harassment. (To learn more, please visit our behavior policy on <https://www.changepain.ca/patient-behavior-policy>)
 - Reach out to my Primary Care Provider or Family Physician for any other healthcare needs like prescription refills, medication management, referrals, etc.

II. Consent to Questionnaires and Orientation:

- In preparation for your onboarding with us, there are several steps that are **MANDATORY**. The first of which is this agreement (includes a shared consent). The following steps will include:
 - Attending a virtual orientation group medical visit with one of our clinicians who will walk you through the services offered at Changepain Medical & Allied Health Clinic and address any questions you might have.
 - Fill out Intake and ongoing questionnaires that guide your care

III. Consent to Provide Clinical Services:

- changepain clinicians assess, investigate, recommend options, and treat patients. As a patient, you may accept or decline the recommended options for your treatment. By signing this electronic or paper-based consent, you consent to any assessments and investigations discussed with you performed by physicians and Allied Health workers at changepain.
- All clinicians at Changepain Medical & Allied Health Clinic will give you specific consent forms when applicable.

IV. Consent to Virtual Care:

- changepain offers various virtual appointments including medical consultations, MSP-covered Group Medical Visits, and Allied Health services.
- Our guidelines for virtual care follow the Personal Information Protection Act and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA) and the College of Physicians and Surgeons of BC guidelines. By signing this electronic consent, you understand that when you book a virtual appointment or a virtual group medical visit, there are some risks associated with digital communication, such as with privacy and security.
- You must abide by the standard code of conduct for online virtual care and participation otherwise you will be removed from the virtual room. This includes the following:
 - You are urged to access your session in a quiet and private space,
 - You are not engaging in or incurring illegal activities during the session (i.e., Driving while attending the session). Please check our website for more information: <https://www.changepain.ca/privacy-virtual-healthcare>
- changepain offers certain treatment options that occur in a group setting (group medical visits). Group Medical Visits are intended to provide general recommendations and guidance. In these visits, patient privacy and confidentiality cannot be guaranteed. Some personal medical information may be discussed. Patients must agree to:
 - Respect the confidentiality of this information, not record, and not to discuss the medical information of other group members outside of the group setting.
 - Conduct themselves in a professional and respectful manner





- Direct your specific/personalized questions to their primary care physician at Change Pain Medical & Allied Health Clinic or your referring/ family physician.

V. Consent to Transfer Charts

- I understand that to provide adequate care to me, my clinician team needs accurate and complete information of my existing medical files. I hereby give consent to my clinical team at Change Pain Medical & Allied Health Clinic to request for medical files, chart, and documents from hospitals, clinics, laboratories, and other health care facilities that are necessary for taking care of my medical needs. I will inform the my clinical team should there be any exceptions to the above.

VI. Consent to Share Information with your External Payors & Providers (Internal & External)

- Your key consultation reports and follow-up notes that result in significant changes in your care will be faxed to your family doctor/ Nurse Practitioner and/or referring physician. Please note we will not send reports to others; If you want reports sent to others, copies can be made for a fee and then it is your responsibility to forward the reports.
- If you are seeing any other clinician/ practitioner at change pain apart from your primary Physician, your charts will be internally shared with that clinician.

VII. Clinic medical appointment bookings:

- A new medical consult visit is 30 minutes. All follow-up visits are scheduled for 15 minutes unless specified by the doctor.
- Whenever possible, I will inform the clinic of the reason(s) of my visit so that the clinic can budget time appropriately.
- Longer appointments for completing physical exams or procedures will be booked at the doctor's discretion only.
- I acknowledge that if I have multiple issues/ chief complaints, my doctor will prioritize them in the allotted time and may schedule follow up visits to go through my issues thoroughly.

VIII. Medications

- If we help you adjust the dosages of any new medications we may suggest, this is limited to the 12-month program.
- As change pain is a specialist clinic, your family doctor/ nurse practitioner is responsible for ongoing prescribing of medications.

IX. Opioids, Sedatives and other controlled substances:

- I have read, and agree to the following:
 - There is insufficient clinical evidence that long term, escalating doses of opioid treatment is beneficial for chronic, non-cancer pain. Inappropriate use of opioid medications can lead to more harm than good. For the best quality of care, if patients at Change Pain Medical & Allied Health Clinic are started on opioids, family doctors need to agree to provide ongoing prescriptions and patients need to adhere to the Opioid Treatment Agreement and monitoring.
 - The College of Physicians and Surgeons of BC has a formal policy statement forbidding the concurrent use of Opioids and Sedative medications, and my doctors are legally obliged to stop one or more of these medications with a taper.
 - Some parts of the Opioid Treatment Agreement include opioid medications must be prescribed to patients by a single physician only. Patients on opioid medications are subject to PharmaNet Checks and Random Drug Screening. The physician has the right to terminate opioid prescribing for the patient if any item of the Agreement has been breached.
 - Patients are allowed to view the Opioid Treatment Agreement upon request.



X. Uninsured services

- I understand that some services are not covered by the BC's Medical Services Plan. I have the right to know the Change Pain Medical & Allied Health Clinic service fees before agreeing to the treatment.
- Common uninsured services include:
 - Allied Health Services (Chiropractor, Physiotherapy, Kinesiology, Pain Coaching)
 - Lidocaine or ketamine Infusion Therapy
 - Platelet Rich plasma (PRP)
 - Prolotherapy
 - Botox & Phenol Injections
 - Radiofrequency lesioning spine (Only Upgrade Fee)
 - Other Radiofrequency lesioning or pulsed radiofrequency or cryoablation
 - Functional Medicine Consult
 - Pain Programs- CP Recovery and CP Premium and CP veterans
 - No Show/ Missed and Late Cancellation Appointments for allied health
 - Insurance Reports
 - Medical legal letters and opinions
 - Disability forms
 - Copies of reports/ files.
- If I have outstanding unpaid fees, payment is expected upon arrival at the next appointment. Change Pain Medical & Allied Health Clinic may not be able to schedule future appointments until the balance has been paid.

XI. Late cancellation or no-show appointments:

- As appointments are in high demand, Change Pain Medical & Allied Health Clinic requires **48 hours'** notice before your appointment time to cancel or reschedule appointments; and **24 hours'** notice for Group Medical Visit appointment cancellations and changes. This allows Change Pain Medical & Allied Health Clinic to offer available time to other patients needing care.
- change pain offers email reminders as a courtesy and it is the patient's responsibility to maintain his or her appointment time, regardless of whether a reminder is received
- Our clinicians strive to stay on time. If you are more than 10 minutes late, we will reschedule your appointment.
- **For MSP-covered services**, two short-notice cancellations (less than 48 hours), or two no-show appointments may result in a discharge from the Clinic and a re-referral will be needed to access our MSP-covered services. Please note: We do not charge for missed MSP appointments, but you will be discharged after two missed appointments
- **For private-pay services** including Allied Health, a no-show fee will be applied to short-notice cancellations (less than 48 hours) or if you do not attend the appointment. The no-show fee corresponds to the full price of the service and is not covered by your insurance. Payment is expected before you attend subsequent private pay sessions

XII. Ending the therapeutic relationship:

- A positive therapeutic relationship relies on mutual trust and respect between the patient, the clinician and the clinic support staff/ administrative team. If this foundation is lost, a productive therapeutic relationship may no longer be possible, and either the patient or the physician may choose to terminate this doctor patient relationship.
- Change Pain Medical & Allied Health Clinic will provide resources (whenever possible) where I may be able to find another specialist to take care of my needs.
- It is within my right to at any time end the therapeutic relationship and transfer my care to another clinic.





XIII. PharmaNet search:

- I consent to the Doctor, Allied Health Professional and a designated staff member in the clinic are allowed to check my prescription records in BC on my PharmaNet profile where all my historic and recent prescription medications are documented.

XIV. Receiving Email Communications

- I consent to receiving clinic notices by email, such as for appointment reminders, questionnaire reminders and clinic updates. I understand and accept that there is an inherent risk to email communication such as unauthorized access. Emails from change pain will not contain any medical information such as test results or specialist reports.
- Emails directly sent from my electronic medical record are accessed via a special passcode to ensure privacy.

XV. Trainees: Interns, Residents and Fellows

- Change pain Medical & Allied Health Clinic clinicians provides training for residents, interns and fellows in the clinic
- Observers or trainees may be present in the appointment.
- If seen by our clinical trainees, they will always review my encounter with the supervising doctor, and I can also ask to see the supervising doctor after seeing the learner.

XVI. Anonymized Data for Research

- To improve the pain care services and its outcomes, change pain is actively involved in clinical research.
- By agreeing to this informed consent, you allow using the data generated from your treatment to be used anonymously (therefore, your privacy would NEVER be jeopardized) for Quality assurance studies and/or observational studies
 I Accept I Decline

XVII. Patient Understandings (initial each):

- This Agreement is for pain management and is NOT a medical insurance agreement.
- I do NOT have an emergent medical or mental health problem at this time.
- In the event of a medical emergency, I agree to call 911 first.
- I do NOT expect the practice to file or fight any third-party insurance claims on my behalf.
- I do NOT expect the practice to prescribe chronic controlled substances on my behalf. (These include commonly abused opioid medications, benzodiazepines, and stimulants)
- In the event I have a complaint about the clinic or the treating practitioner, I will first notify the Change pain Medical & Allied Health Clinic directly.
- This Agreement is non-transferable.
- I am enrolling in the program voluntarily.
- I may receive a copy of this document upon request.

Initials

By signing below, you indicate that you understand the clinic policies and rules, and you agree to abide by them.

signature

Print name: _____

Date: _____





Proxy Consent Form

(Applicable only if a family member/ a third party will be signing the agreement on your behalf or/ and will access and manage your appointments and health records)

Would you be assigning a Proxy on your behalf? **Yes** **No**

Access to be provided to: (Complete all information. Please print clearly).

(This is the person who will be given access to your information)

Name: _____
Last name First Name Middle Name

Telephone Number: _____

Street Address: _____

City: _____ Province: _____ Country: _____

Email Address: _____

Relationship to Patient: _____

Terms and Conditions for Granting/Receiving Proxy Access

Please read carefully. Your acceptance indicates that you have read, understand, and agree to these Terms and Conditions of Use.

1. I understand that by granting proxy access to a third party, I am allowing that party access to the complete contents of my medical records, appointments, and prescriptions at Change pain Medical & Allied Health Clinic. I understand that granting proxy access to a third party is completely voluntary.
2. I understand that it is my responsibility to terminate my proxy's access to my charts if I no longer wish to allow him/her access to my information. Termination of proxy access is not immediate. change pain will use its best efforts to terminate your proxy's access within ten (10) business days of receiving a written request.
3. I understand that if my proxy shares his/her email address and password with anyone, or if his or her email address and password are lost or stolen, unauthorized parties may have access to my medication information. I understand that it is the responsibility of my proxy to keep his/her email address and password secure and to change them anytime they believe their security has been compromised. I agree that it is also the responsibility of my proxy to take appropriate precautions when accessing my information from his/her home, business, or public computer and when printing or copying any medical information.
4. I understand that my proxy will receive an email notification any time new information is available in my medical charts. The notification itself does not contain any medical information; however, I understand that if I do not want others to see the notifications, it is my responsibility to notify my proxy so he/she can take appropriate precautions.





5. I hereby agree to waive any all claims or causes of action against Change Pain Medical & Allied Health Clinic, its affiliated entities, their clinicians, directors, and employees that are in any way related to my proxy's use of my medical information.

6. I understand this consent will remain in effect until revoked in writing.

By signing below, I acknowledge that I have read, understand, and agree to the terms and agreements for granting/receiving access to my medical information at Change Pain Medical & Allied Health Clinic.

Signature of the patient
(Required for patients aged 16 and older)

Date

Name of the patient: _____

