

# Dr. Sadeer Peter's Practice

Office Policies · Effective January 12, 2026

We are committed to providing **safe, respectful, and high-quality medical care** in a professional environment. Clear expectations help us serve all patients fairly and maintain a therapeutic relationship built on mutual respect.

## 1. Patient Conduct & Professional Expectations

### Our Standard

All patients are expected to treat Dr. Peter, staff, and other patients with courtesy and respect. We maintain a **zero-tolerance policy** for conduct that threatens anyone's safety and well-being.

### Unacceptable Behaviour — Language & Communication

- Abusive, disrespectful, demeaning, or threatening language (any medium: in-person, phone, email, text)
- Derogatory remarks, slurs, or jokes targeting protected characteristics
- Bullying, harassment, or intimidation
- Threats of violence or harm
- Raising voice in a threatening manner

### Unacceptable Behaviour — Actions

- Physical violence, threats, or aggressive gestures
- Damaging property or throwing objects
- Refusal to follow reasonable office policies or safety protocols
- Behaviour that disturbs other patients

**Documentation:** All incidents are recorded in your medical record and reported to Dr. Peter and management.

## 2. Health Card & Insurance

### Required for Every Visit

You must present a **valid Ontario health card** at each appointment. It is your responsibility to:

- Ensure your card is current before each visit
- Notify us immediately if your card is lost, expired, or suspended
- Keep your demographic information updated

### Uninsured Services

Without a valid health card, services are billed at Ontario Medical Association (OMA) rates:

- Regular office visits: OMA guidelines
- Form completion: \$30–\$40 per form
- Third-party medical assessments: \$50+ per page
- Detailed medical reports: OMA guidelines

## 3. Rostering & Continuity of Care

### Your Primary Healthcare Provider

As a rostered patient, Dr. Peter is your primary physician. We provide comprehensive, coordinated care and expect you to avoid outside walk-in clinics for non-urgent matters. Patients attending walk-in clinics without our approval **may be de-rostered**. We offer urgent same-day appointments (including after-hours) for all urgent needs.

**For urgent care outside office hours:** Call THAS at 1-866-797-0000, visit [urgentcareontario.ca](http://urgentcareontario.ca), or call 911.

### Extended Absence Policy

To maintain an active doctor-patient relationship, you must have at least **one in-person visit every 18 months**. Patients with no in-person visit for 18+ months may be automatically de-rostered with reasonable advance notice.

### Out-of-Province Travel

- **Within Ontario:** Virtual and in-person care continues
- **Outside Ontario:** We cannot provide care; you must see a provider licensed in your current province
- **Relocation within Ontario:** We continue care but recommend establishing local in-person access

## 4. Appointments

### Scheduling

We schedule appointments efficiently to serve all patients fairly:

- Regular visits: 10–15 minutes
- Physical exams: 20–30 minutes
- Bring **1–2 concerns per visit** for safe, comprehensive care
- Additional concerns warrant separate appointments

### Family Members

- Call ahead if bringing a family member to allow adequate time
- Separate appointments are often best for different family members

### Confirmation

It is your responsibility to confirm your appointment. We do **NOT** provide automatic reminder calls. Watch for confirmation emails, contact us if you haven't received one 48 hours before your appointment, and confirm by calling or replying to the confirmation email.

## 5. Cancellation Policy

### 24-Hour Notice Required

To cancel, call the office **at least 24 hours before your appointment** and confirm directly with staff or via our website. **Voicemail alone is not confirmation** and will be treated as a no-show.

### No-Show & Late Cancellation Fees

Appointments cancelled without 24 hours' notice or missed without notification incur a **\$35–\$75 no-show fee** (OMA guideline rates).

**Exception:** Emergency circumstances requiring hospital care — communicate as soon as possible.

## 6. Late Arrivals

Please arrive **10–15 minutes early** for check-in. Arriving more than 10 minutes late means your appointment is considered missed, you will be asked to reschedule, and you may be subject to a no-show fee. If you'll be significantly late, contact us immediately — we'll try to accommodate if clinically possible.

## 7. Medications & Prescriptions

### Refill Process

1. Contact your pharmacy (not our office)
2. Request they fax renewal requests to **1-226-330-0440**
3. Request refills at least **2 weeks before** medication runs out
4. Maintain at least 2 weeks of supply before requesting

### Monitoring Requirements

Some medications require periodic blood work or appointments before renewal. You are responsible for completing required tests and follow-up visits.

### Medication List

Bring a current list of all medications to every appointment. This allows Dr. Peter to review interactions, avoid duplications, and ensure optimal dosing.

## 8. Medical Communication

■ **EMAILS REGARDING MEDICAL HEALTH CONCERNS WILL NOT RECEIVE A RESPONSE. Email is not secure for confidential health information. Do not email about symptoms, diagnoses, test results, or medical advice.**

### Phone Consultations

1. Request a callback appointment via our website or phone
2. Dr. Peter will return your call per his availability (within 48 business hours when possible)
3. Fee: **\$25–\$50 per phone consultation** (NOT covered by OHIP)

### Appropriate Email Use

Email is acceptable for routine administrative matters: requesting forms, scheduling, insurance questions.

## 9. Test Results & Follow-Up

Test results (lab, imaging, diagnostics) are **NOT provided by phone** except in exceptional urgent situations. Reception staff cannot provide results unless authorized by Dr. Peter. All results must be reviewed with Dr. Peter in a follow-up appointment.

### Your Responsibility

- Schedule a follow-up appointment to review results
- Complete any ordered follow-up investigations or referrals
- Notify us of any symptoms or changes related to your results

## 10. Physical Examinations

Comprehensive physical exams are recommended **every 18 months to 2 years** for adults in good health. Annual physicals are not required unless Dr. Peter specifically recommends them.

## 11. Forms & Documentation

### Appointment Required

**All forms must be discussed with Dr. Peter in an appointment.** Do NOT drop off forms without scheduling.

1. Schedule an appointment with Dr. Peter
2. Discuss the form and its purpose
3. Allow adequate time for completion
4. Understand applicable fees

### Fees for Forms (Uninsured Services)

- Government & insurance forms: \$30–\$50 per form
- Third-party medical assessments: \$50–\$75 per page
- Complex medical-legal reports: \$100+ (OMA guidelines)
- Workers' Compensation reports: OMA guidelines

You will be advised of fees before completion. Allow **up to 2 weeks** for form completion.

### Services Not Provided

- Medico-legal reports for litigation
- Detailed reports for legal proceedings

## 12. Controlled Substances (Narcotics, Stimulants, Benzodiazepines)

Given significant risks (addiction, overdose, diversion), we use an evidence-based approach. Controlled substances are prescribed only when medically necessary, alternatives have been inadequate, clear therapeutic benefit is documented, and close monitoring is feasible.

### Controlled Substances Agreement — If prescribed, you must:

1. **Sign a Controlled Substances Agreement** outlining medication, dosage, monitoring requirements, restrictions on early refills, and agreement to use ONE pharmacy only
2. **Consent to Random Urine Drug Screening** — results must match prescribed medications
3. **Accept Small Batch Dispensing** — 2–4 week supplies for easier monitoring

**All controlled substance renewals are IN-PERSON APPOINTMENT ONLY.** Early refills and lost prescriptions are not automatically replaced.

■ **Breach of Agreement = Immediate Discharge. Violations include: obtaining controlled substances from other physicians, using multiple pharmacies, requesting early refills, positive urine drug screen for non-prescribed substances, or selling/sharing medication.**

## 13. Virtual Care & Telehealth

Dr. Peter may provide services virtually (web-based or telephone) for appropriate clinical situations. You acknowledge that virtual services may be interrupted by technical issues and that internet/phone connections are not always secure. You assume all risks associated with virtual communication.

### Virtual Care NOT Used For:

- Complex diagnostic assessments requiring physical examination
- Prescription of controlled substances (rare exceptions)
- Acute emergencies requiring immediate in-person evaluation

## 14. Appointment Reminders & Online Booking

We send **email confirmations and reminders only** — we do NOT provide automated reminder calls. Check your email regularly, keep your address current, and confirm your appointment 48 hours in advance.

## 15. Ending the Doctor-Patient Relationship

### Grounds for Termination

- **Disruptive or Abusive Behaviour:** A single major incident (violence, serious threats) = immediate termination; pattern of minor incidents = warnings then termination
- **Non-Compliance with Controlled Substances Agreement** (see Section 12)
- **Failure to Attend Appointments:** 3+ missed appointments in 12 months without reasonable cause
- **Boundary Violations:** refusing professional boundaries, sexual harassment, recording without consent, visiting while impaired, bringing weapons

## 16. Harassment & Workplace Safety

We maintain **zero-tolerance** for verbal harassment, sexual harassment, discrimination, excessive abusive communications, harassment outside the office, or any behaviour creating a hostile or unsafe environment.

### Consequences

1. Initial verbal warning (unless behaviour is severe)
2. Documented written notice if behaviour continues
3. Patient discharge with 30–90 day notice (immediate for severe incidents)

## 17. Conduct in the Clinic

### Expected Behaviour

- Treat all staff and patients with respect
- Follow safety instructions (handwashing, masking during illness)
- Respect other patients' privacy

### Prohibited Conduct

- Recording, photographing, or videoing staff or patients without consent
- Visiting while impaired by alcohol or drugs
- Bringing weapons of any kind (firearms, knives, etc.)
- Becoming aggressive, loud, or threatening

## 18. Privacy, Confidentiality & Data

By providing personal information, you consent to its use for medical care, sharing with pharmacies and healthcare providers as clinically necessary, OHIP billing, emergency contact notification, and record-keeping.

You acknowledge that email and phone are **NOT encrypted** and that you accept these risks when providing information via these channels.

### Legal Protections

Your health information is protected under **PHIPA**, Ontario health information privacy laws, and CPSO Standards of Practice. Information may be shared with healthcare providers involved in your care, emergency contacts in urgent situations, insurance companies (with your consent), and public health/law enforcement when legally required.

## 19. Accessibility & Accommodations

We are committed to providing care to patients with disabilities and will make reasonable accommodations including office access, communication needs, modified appointment length, and referrals if needed. Please inform us of accessibility needs when scheduling.

## 20. Your Rights as a Patient

- ✓ Receive respectful, competent medical care
- ✓ Confidentiality of your health information
- ✓ Request a second opinion
- ✓ Refuse any treatment (with acknowledgment of risks)
- ✓ Access your medical records (small copying fee applies)
- ✓ Be informed of your diagnosis and treatment options

## 21. Your Responsibilities

- ✓ Providing accurate health information
- ✓ Attending appointments on time or cancelling with 24 hours' notice
- ✓ Following medical advice or clearly explaining why you cannot
- ✓ Completing prescribed investigations and referrals
- ✓ Keeping medications and health information current
- ✓ Treating staff with respect
- ✓ Following office policies and safety protocols
- ✓ Paying for uninsured services as agreed

### Acknowledgement & Consent

By enrolling in Dr. Sadeer Peter's practice, you acknowledge that:

- ✓ You have read and understood all office policies
- ✓ You agree to treat Dr. Peter, staff, and other patients with respect
- ✓ You understand the consequences of non-compliance
- ✓ You consent to use of your health information as outlined
- ✓ You understand cancellation fees, uninsured service fees, and appointment policies
- ✓ You accept the risks of virtual care and electronic communication

For questions about these policies, please contact our office at **1-519-977-2126** or visit **[www.drshadeerpeter.com](http://www.drshadeerpeter.com)**.