

Dr. Sadeer Peter's Practice — Office Policies

Effective: January 12, 2026

Our Commitment

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 Behavior

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

Actions:

- Physical violence, threats, or aggressive gestures
- Damaging property or throwing objects
- Refusal to follow reasonable office policies or safety protocols
- Behavior 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 <https://www.urgentcareontario.ca/>, or call **911** for emergencies.

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 healthcare 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 (ensure your email is current)
- Contact us if you haven't received confirmation 48 hours before your appointment
- Confirm by calling us 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

Arrive Early

Please arrive **10-15 minutes early** for check-in. We strive to run efficiently and respect all patients' time.

Late Arrival Policy

Arriving **more than 10 minutes late** means:

- Your appointment is considered missed
- You will be asked to reschedule
- 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 but cannot guarantee it.

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 (or fax/email before your visit). This allows Dr. Peter to:

- Review interactions
- Avoid duplications
- Ensure optimal dosing

Note: See Section 14 regarding controlled substances.

8. Medical Communication

⚠ Email & Medical Advice

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

To request medical advice by phone:

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

How Results Are Communicated

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

Recommended Frequency

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

11. Forms & Documentation

Before Any Form Completion

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

Appointment Required

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.

Timeline

Allow **up to 2 weeks** for form completion. Complex legal documents may take longer—plan ahead.

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.

Prescribing Criteria

Controlled substances are prescribed only when:

- Medically necessary for safety and well-being
- Alternative treatments have been inadequate
- Clear therapeutic benefit is documented
- Close monitoring is feasible

Controlled Substances Agreement

If prescribed, you must:

1. **Sign a Controlled Substances Agreement** outlining:
 - Medication, dosage, and frequency
 - Monitoring requirements
 - Restrictions on early refills, lost prescriptions, dose increases

- Agreement to use ONE pharmacy only
- Consequences of non-compliance

2. Consent to Random Urine Drug Screening

- Random screening may be ordered
- Results must match prescribed medications
- Patient may be charged for testing

3. Accept Small Batch Dispensing

- 2–4 week supplies for easier monitoring
- Frequent refill appointments may be required

Renewal

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

Breach of Agreement = Discharge

Violations result in immediate cessation of all controlled substance prescriptions and potential discharge from practice.

Examples of breach:

- Obtaining controlled substances from other physicians
- Using multiple pharmacies
- Requesting early refills or dose increases without justification
- Failing to attend required appointments
- Positive urine drug screen for non-prescribed substances
- Selling or sharing medication

13. Virtual Care & Telehealth

When Available

Dr. Peter may provide services virtually (web-based or telephone) for appropriate clinical situations.

Limitations & Risks

You acknowledge:

- Virtual services may be interrupted by technical issues
- Internet/phone connections are not always secure

- Email and messaging are vulnerable to cyber risks
- 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

Email Confirmations Only

We send **email confirmations and reminders only**. We do NOT provide automated reminder calls.

Your responsibility:

- Check email regularly
- Keep your email address current
- Confirm your appointment 48 hours in advance
- Set your own personal reminders

15. Ending the Doctor-Patient Relationship

Grounds for Termination

Disruptive or Abusive Behavior:

- Abusive language (any medium)
- Threats or threatening behavior toward Dr. Peter, staff, or patients
- Physical violence, assault, or threats
- Harassment, bullying, or inappropriate sexual conduct
- Refusal to follow reasonable safety protocols
- Excessive calling (10–15+ calls/week or repeated calls within short timeframes)

A single major incident (violence, serious threats) = immediate termination.
Pattern of minor incidents = warnings, then termination if behavior continues.

Non-Compliance with Controlled Substances Agreement:

- Immediate discharge for breaches (see Section 12)

Failure to Attend Appointments:

- 3+ missed appointments in 12 months without reasonable cause
- Failure to complete ordered referrals or investigations
- Failure to attend required monitoring appointments

Boundary Violations:

- Refusal to respect professional boundaries
- Sexual harassment or inappropriate conduct
- Attempting to establish social/financial relationships outside professional role
- Recording or photographing without consent
- Visiting while impaired
- Bringing weapons to office

16. Harassment & Workplace Safety

Zero-Tolerance Policy

We maintain **zero-tolerance** for:

- Verbal harassment of staff or Dr. Peter
- Sexual harassment or inappropriate comments
- Discrimination based on protected characteristics
- Excessive abusive phone calls, texts, emails (10–15+/week)
- Harassment outside the office (social media, home calls)
- Any behavior creating a hostile or unsafe environment

Staff Rights

Our staff have the right to:

- Work in a safe, respectful environment
- End a call or interaction immediately if you become abusive
- Not provide advance warning before disconnecting
- Escalate to Dr. Peter or management

- Contact law enforcement if threatened

Consequences

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

17. Conduct in the Clinic

Expected Behavior

- Treat all staff and patients with respect
- Follow safety instructions (handwashing, masking during illness)
- Don't monopolize time with non-medical concerns
- 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.)
- Bringing disruptive family members or companions
- Becoming aggressive, loud, or threatening

18. Privacy, Confidentiality & Data

Your Information

By providing personal information (demographics, health card, email, phone, address), you consent to:

- Use for medical care
- Sharing with pharmacies, hospitals, and healthcare providers as clinically necessary
- OHIP billing processing
- Emergency contact notification
- Record-keeping and continuity of care

Communication Risks

You acknowledge:

- Email and phone are NOT encrypted
- Private health information may be intercepted
- You accept these risks when providing information via email/phone
- No electronic method is 100% secure

Your Responsibility

- Keep demographic information current
- Update email if you change providers
- Confirm receipt of important communications
- Notify us immediately of privacy concerns or suspected breaches

Legal Protections

Your health information is protected under:

- Personal Health Information Protection Act (PHIPA)
- Ontario health information privacy laws
- 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)
- Public health authorities (when legally required)
- Law enforcement (when legally required)

19. Accessibility & Accommodations

Duty to Accommodate

We are committed to providing care to patients with disabilities and will make reasonable accommodations:

- Office access (wheelchair accessibility, accessible washrooms)
- Communication needs (interpretation services, large print)
- Modified appointment length for complex cases

- Referrals if we cannot meet specific needs

Please inform us of accessibility needs when scheduling.

20. Your Rights as a Patient

You have the right to:

- ✓ 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

You are responsible for:

- ✓ 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

Acknowledgment & 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.