



Villa Nova Medical Clinic

Patient Agreement

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Patient Agreement and Code of Conduct

Welcome to our clinic. We are committed to providing high-quality, respectful, and collaborative care. By joining our practice, you agree to the following terms and expectations:

1. Respect and Zero Tolerance Policy

- Harassment, threats, or disrespectful behaviour toward any clinic staff will result in **immediate discharge** from the practice.
 - This includes verbal, physical, written, and online harassment.
 - **No warnings will be given.**
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2. Professional Boundaries

- **Do not attempt to contact clinic staff** outside of the clinic phone number or online booking system.
 - You are not permitted to contact staff via personal social media, email, or visit their home.
 - These are strict boundaries in place for **professionalism, privacy, and safety.**
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3. Medication and Prescribing Policies

- You agree to sign any required medication agreements/contracts, including those for:
 - **Opioids**
 - **Benzodiazepines**
 - **Stimulants**
 - **Antibiotic Use**
- You agree to attend **in-person assessments** as needed, and understand that imaging (e.g., chest X-ray) or testing (e.g., swabs) may be required before certain prescriptions.
- Medication renewals require that you **come prepared with the names and dosages** of your medications.
 - Do not say *"it's in my chart."*
 - This shows that you understand your medications and are engaged in your care.

4. Appointments and Clinic Flow

- The clinic is **primarily appointment-based**. Walk-ins may be considered at our discretion but are not guaranteed.
- If you bring a **list of concerns**, we will address as many as possible within the allotted appointment time. You may be asked to return for the rest.
- Do **not bring additional people** expecting them to be seen during your appointment.
- Each patient must be booked under **their own MCP number**.
 - Do not ask for prescriptions, renewals, or any requests for other patients without a scheduled visit.

5. Investigations, Follow-Ups and Forms

- You are responsible for booking your own follow-up for **test results, imaging, or bloodwork**.
 - Do not assume that *“no news is good news.”*
- All **forms require an appointment**.
 - Please complete your section before bringing in the form.
- Referrals to specialists require an **in-person appointment**.
 - We will not refer patients without proper assessment.

6. Emergencies

- Our clinic does **not provide emergency care**. For example, if you are experiencing:
 - Chest pain
 - Shortness of breath
 - Fainting or loss of consciousness
 - Severe headache
 - Vision loss, eye pain or trauma→ Proceed directly to the nearest **Emergency Department (ER)**.
- We do **not expedite care** in the ER. You will be triaged by ER staff, not our clinic staff.

7. Learners in the Clinic

- By joining our practice, you agree to be seen by **learners**, including:
 - Medical students
 - Resident physicians
 - Nursing students
 - Nurse practitioner students
 - Other learners as applicable
 - These learners are supervised and part of your care team.
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8. Clinical Philosophy

- By becoming a patient at our clinic, you agree to:
 - Respect our **clinical judgment and evidence-based approach**.
 - Understand that we do not make decisions based on:
 - What a previous doctor did
 - How long you waited for an appointment
 - How far away you live from the clinic
 - What medications worked for someone else
 - Demands for medications or antibiotics that are not clinically indicated
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9. Access and Wait Times

- Family physicians are in **very short supply in Newfoundland and Labrador**.
 - We will do our best to help as many people as possible.
 - You may experience delays in getting an appointment or follow-up.
 - You may need to access **walk-in clinics, urgent care, or the ER** if we cannot accommodate you in time.
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10. Recording and Use of AI Scribes

- You agree to our use of **audio or video recording tools** or artificial intelligence (**AI**) **medical scribes** during appointments to help accurately document your care.
 - Recordings or transcriptions, if stored securely, will not be shared outside the clinic.
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Missed Appointment (“No-Show”) Policy

Purpose:

We are committed to providing high-quality care and ensuring access for all patients. Missed appointments without notice result in lost time and reduce availability for other patients.

Definition of a No-Show:

A “no-show” occurs when a patient:

- Fails to attend a scheduled appointment **without providing at least 24 hours’ notice**.
 - Arrives too late to be seen (10+ minutes late) and the appointment must be rescheduled.
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Policy:

- Patients are allowed **up to two (2) no-shows** without penalty.
 - **After the third no-show**, you **may be permanently discharged from the practice**.
 - No-show counts are **cumulative**, not limited to a calendar year.
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To Avoid Being Marked as a No-Show:

- Please **call us at least 24 hours in advance** if you cannot attend your appointment.
 - Voicemail is available after hours.
 - If you have an emergency situation, contact the clinic as soon as possible to explain.
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Why This Matters:

- Missed appointments reduce access for other patients who may need timely care.
 - A pattern of no-shows disrupts continuity of care.
 - This policy helps us provide reliable and equitable service to all patients.
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Opioid Therapy Agreement

Purpose:

This agreement outlines the expectations and responsibilities for both you (the patient) and your physician regarding the safe and effective use of opioid medications for managing chronic pain or related conditions.

Your Responsibilities as a Patient:

- I agree to take my medication **exactly as prescribed** and will not increase the dose or frequency without discussing it with my physician.
- I understand that **opioids are not a cure**, and their goal is to improve function and quality of life, not to eliminate all pain.
- I will use **only one pharmacy** and **one prescribing physician** for my medications.
- I will not share, sell, or misuse my medications.
- I agree to attend all scheduled appointments and follow-ups.
- I understand that I may be asked to provide **urine or blood drug screening**.
- I will not request early refills or replacements for lost, stolen, or damaged prescriptions.
- I agree to store my medications safely and securely.

Clinic Responsibilities:

- Your physician will regularly monitor your treatment for effectiveness and side effects.
- Your care will follow **best practice guidelines** and the **CPSNL prescribing standards**.
- If opioids are no longer effective or safe, we may taper or discontinue your medication.
- If substance misuse is suspected, the prescription may be reduced or stopped, and appropriate support will be offered.

Important Notes:

- Refills will not be provided early, after-hours, or on weekends.
- Abruptly stopping opioids can lead to withdrawal symptoms.
- Continuation of opioid therapy is based on functional improvement, not just pain scores.

Benzodiazepine Use Agreement

Purpose:

This agreement helps ensure that benzodiazepines are used safely and effectively with understanding of the associated risks.

Patient Responsibilities:

- I agree to use benzodiazepines **only as prescribed**, and not to increase the dose or frequency without consulting my physician.
- I understand that long-term benzodiazepine use carries risks including **dependency, cognitive impairment, falls, and accidents**.
- I will not combine these medications with **alcohol, opioids, or illicit substances**.
- I understand that benzodiazepines are **not a long-term solution** for anxiety or insomnia.
- I agree to a **gradual taper** if long-term use is no longer considered safe or appropriate.
- I understand I may be asked for **urine drug screens** or regular reviews.

Clinic Policies:

- Prescriptions will be reviewed regularly and tapered if the risks outweigh the benefits.
- Benzodiazepines will not be renewed early or on short notice.
- Your physician will work with you to explore **non-medication options**, including therapy and behavioral support.
- Benzodiazepines may be refused if there is evidence of misuse, diversion, or unsafe use.

Important Notes:

- **New benzodiazepine prescriptions are rarely initiated** and typically only for short-term, specific indications.
- Driving or operating heavy machinery while on these medications is **not advised**.
- Continuation of therapy is not guaranteed and is based on mutual agreement and safety.

Stimulant (ADHD Medication) Agreement

Purpose:

This agreement outlines the safe use of stimulant medications (such as methylphenidate or amphetamine-based medications) for the treatment of **ADHD or related disorders**.

Patient Responsibilities:

- I agree to take the medication **only as prescribed**, at the correct dose and time.
- I will not sell, share, or misuse the medication.
- I will inform my physician of any side effects or if I feel the medication is not working.
- I will avoid **combining stimulants with alcohol, other drugs, or non-prescribed medications**.
- I understand that these medications are **controlled substances** and are monitored closely.
- I will use **only one pharmacy** for stimulant prescriptions.
- I understand that missed appointments or requests for early refills may result in discontinuation.

Monitoring and Clinic Policies:

- Medication effectiveness and side effects will be reviewed regularly.
- I may be asked to complete **questionnaires or assessments** to monitor progress.
- Urine drug testing may be required to ensure appropriate use.
- Prescriptions may only be renewed during **in-person or scheduled follow-up visits**.
- If misuse, diversion, or lack of clinical benefit is suspected, the medication may be tapered or stopped.

Important Notes:

- Stimulants may **affect heart rate and blood pressure** — I agree to have periodic vitals and EKGs as needed.
- Continuation of stimulant therapy depends on **adherence, safety, and benefit**.
- Lost or stolen prescriptions will **not** be replaced.

Antibiotic Prescription Policy

Purpose:

This policy explains how our clinic safely and responsibly prescribes antibiotics. Antibiotics are effective when used correctly, but inappropriate use can lead to **antibiotic resistance, side effects, and poor health outcomes**.

Key Points:

In-Person Assessment is Required

- Our clinic **does not prescribe antibiotics based on virtual assessments**.
- A physical examination is necessary to determine whether an antibiotic is appropriate.
- Some infections may be **viral illnesses**, which **do not require antibiotics**.

Testing May Be Needed

- Depending on your symptoms, we may require **swabs, cultures, or imaging** (e.g., **chest X-ray**) before prescribing antibiotics. These tests help identify the cause of your illness and guide the safest, most effective treatment.

Not All Infections Need Antibiotics

- Many common illnesses (e.g., colds, sore throats, sinus infections, bronchitis) are caused by viruses. **Antibiotics do not work on viruses**.
- We will discuss all treatment options, including symptom relief and reassessment.

Follow-Up

- If your condition changes or does not improve, a **follow-up appointment** may be necessary before re-evaluating the need for antibiotics. If test results come back positive for a bacterial infection, we will contact you to discuss treatment options.

Why This Matters:

- **Misuse of antibiotics** leads to resistant bacteria, making infections harder to treat in the future. Your safety and the health of the community are our top priorities.
- This policy follows the recommendations of **Choosing Wisely Canada**, the **Canadian Family Practice Guidelines**, and the **College of Physicians and Surgeons of Newfoundland and Labrador**.

Social Media Policy

Purpose:

This policy explains how we use (and don't use) social media at our clinic. It protects your privacy and our staff's safety while keeping communication clear and professional.

Social media is not private, and it is not an appropriate place for medical questions, personal health concerns, or complaints.

1. Do Not Contact Clinic Staff Through Social Media

- Do not send messages to staff or doctors through Facebook, Instagram, Twitter, TikTok, or any other social media platform.
- Do not comment on personal posts made by clinic staff.

2. No Medical Advice via Social Media

- We will never provide medical advice or prescription renewals through social media.
- If you need medical help, please:
 - **Book an appointment online, call the clinic, or go to the ER in an emergency.**

3. Protecting Privacy – Yours and Ours

- Do not post or share **photos, videos, or recordings** from inside the clinic without written permission. Posting screenshots of private messages, clinic staff, or your appointment details may lead to being **discharged from the clinic**.

4. How We Use Social Media

- We may use our clinic's social media pages to:
 - Share **health education**, post **clinic updates**, or promote public health **resources**.
- Our posts are for **general information only** — not individual medical advice.

5. Complaints and Concerns

- If you have a concern about your care, please contact the clinic **directly**.
- Posting complaints on social media does **not help resolve issues** and may harm the trust needed in a doctor-patient relationship.

Acknowledgment:

By signing below, you confirm that you understand and agree to ALL terms of this agreement which may be reassessed or updated at any time. Failure to follow these expectations as outlined above may result in **discharge from the practice**.

Patient Name: _____

Patient Signature: _____

Parent/Guardian Signature: _____

Date: _____