

Welcome Letter & Consent Package

Dr. Elham Ahmadiania, MD

Park Medical Clinic

204–1571 Bellevue Avenue, West Vancouver, BC V7V 1A6

Welcome & Intake Instructions

Dear Patient,

Welcome! I'm Dr. Elham Ahmadiania at Park Medical Clinic. You've been invited to register with my practice because:

- You were referred via the Patient Attachment System (PAS),
- We have already spoken, or
- You are actively seeking a family physician

And already filled the "Intake form".

If you're still in need of a provider, please complete the intake process below.

To begin:

1. Complete the Consent & Policy Agreement.

2. Email them to moa.parkmedicalclinic@gmail.com with the subject line:

Last name, First name – Dr. Ahmadiania- Consent form

(Separate forms per family member, all sent in one email.)

Once received, we'll email you to book your in-person meet-and-greet appointment.

2. Clinic Hours & Appointment Format

- Hours: Monday–Friday, 9:00 AM–5:00 PM
- I see patients five days per week
- Appointments may be in-person or by phone
- Urgent medical issues may be addressed by another clinic physician if needed

IMPORTANT: Appointments are limited to one concern only, to allow for focused and effective care. Please plan follow-up visits for additional concerns.

***You'll also be asked to attend 1–2 in-person visits annually for physical exams and preventive care.

3. Clinic Policies & Mutual Respect

Communication must go through the clinic only.

I do not accept patients with active ICBC or WCB claims.

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No prescribing of opioids or sedatives unless on a medically appropriate taper.

Please avoid walk-in or virtual providers unless necessary.

A strong therapeutic partnership is based on trust, honesty, and respect. If this is compromised, either I or the physician may choose to terminate the relationship.

4. Punctuality & Wait Times

Please be punctual.

While we encourage punctuality, please understand that medical care is inherently unpredictable. Emergencies and complex cases may sometimes delay appointments. Rest assured, I will do my best to remain on time and be mindful of your time. Your patience is greatly appreciated when delays are unavoidable.

5. Additional Agreements

Please review and acknowledge the following:

Opioids, Sedatives, and Other Controlled Substances

- I understand there is limited evidence supporting long-term, escalating opioid use for chronic non-cancer pain. Such treatment may do more harm than good. At Park Medical Clinic, patients are required to sign an Opioid Treatment Agreement before starting opioid therapy.
- The College of Physicians & Surgeons of BC prohibits the concurrent use of opioids and sedatives. If needed, my doctor will taper one or more medications to comply with regulations.
- Some opioid prescriptions require that only one physician manages your care. Patients on opioids may undergo PharmaNet checks and random drug screening. Non-adherence may result in termination of prescribing.

Prohibition of Audio or Video Recording

- I understand that recording within the clinic (audio or video) of consultations, exams, or stah is strictly prohibited.

AI Scribing Technology for Visit Documentation

- I acknowledge that AI-assisted transcription may be used during medical encounters and documented within a licensed EMR system for accuracy and efficiency.

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Medical Learners

- I understand that medical students or residents may be involved in my care for educational purposes, with my consent.
- A supervising physician will always review the encounter. I may request to see the physician directly.
- I can decline involvement of learners at any time, without affecting my care.

Ending the Therapeutic Relationship

- Staff at Park Medical Clinic will provide resources to help me find another provider.
- I may receive care from the clinic for up to one month for emergencies after termination— unless the issue involved aggression toward staff, in which case the one-month grace period does not apply.
- I may terminate the relationship at any time; a charts transfer fee may apply.
- If I provide incomplete information on the intake form, the relationship may be terminated due to breach of trust.

6. PharmaNet (Medication History) Consent

I, (patient name), authorize Dr. Elham Ahmadinia and her supervised staff to access my PharmaNet records for clinical care. I understand I may revoke this consent in writing at any time.

Signed at on the day of , 20

Patient Signature:

Witness (if applicable):