



[ ALBERTA BLADDER CENTRE ]

# Office Policies & Privacy Statement

## Cancellation Policy

Due to physician shortage and demand for health care we have a significant number of patients who are on the waiting list to be seen in our office.

Patients scheduled for appointments have been provided with the time and date of their visit. It is your responsibility to keep this appointment. If you are unable to keep this appointment it is your responsibility to cancel or re-book with two (2) business days' notice.

Failure to show for your scheduled appointment means that someone else has to unnecessarily wait longer for their appointment. We ask you to please consider those other patients in line behind you and keep your appointment or cancel/re-book with sufficient notice. We have many patients on our cancellation list that will come in on short notice when scheduled appointments are cancelled.

**If you are a “no-show” for a scheduled appointment, you will be charged a fee and will not be allowed to re-book an appointment until this fee is paid in full.**

## Test Results

Our office will do our best to contact you with regards to any test results that we order (CT scan, labs, etc); however, it is *your responsibility* to follow-up on any results that may be outstanding.

## Uninsured Services

Please note that there are some services our office provides that are not covered by Alberta Health Care. Please be aware that there may be fees associated with these services. (eg: prescription renewals by phone, completion of medical forms, telephone advice etc). These fees are in accordance with the guidelines set forth by the Alberta Medical Association. For further information please visit [www.albertadoctors.org](http://www.albertadoctors.org).



[ ALBERTA BLADDER CENTRE ]

## Privacy

The personal health information that you provide to us is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is primarily used to provide diagnostic, treatment and care services to you, and to bill the Alberta Health Care Insurance Plan for services provided. The privacy provisions of the legislation require that we protect your health information from unauthorized access, use, disclosure or destruction. For more information, please talk to reception.

**My signature below indicates that I have read this notice and am aware of these policies.**

---

Signed,

---

Printed name

---

Date