

# SEARCH

Student Energy in Action for Regina Community Health

3510 – 5th Avenue

Regina, SK. S4T 0M2

306-551-3366

reginastudentclinic@gmail.com

www.reginastudentclinic.com

## Physician Contract:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Postal Code: \_\_\_\_\_ / \_\_\_\_\_

Work/Cell/Home Ph: \_\_\_\_\_

Email: \_\_\_\_\_

This letter constitutes an offer to contract with SEARCH on a per diem basis as a family physician under the following terms and conditions:

1. You will provide SEARCH with a minimum of four hours per shift which includes direct clinical service and teaching time.
2. Subject to termination according to the provisions hereof, you will receive a flat fee of \$400.00/shift to be paid in the month following the shifts worked.
3. You may not bill fee-for-service on any of our contracted SEARCH clients as you are being paid the flat fee as mentioned above.
4. You will provide your own transportation and schedule yourself for shifts.
5. You will supervise no more than two medical students from the clinical team at one time and provide guidance to students and mentors of other disciplines working the shift.
6. You will maintain your license to practice medicine in the Province of Saskatchewan and provide proof of licensure prior to commencement of this contract.
7. You will practice medicine in accord with the standards of practice established by the College of Physicians and Surgeons of Saskatchewan.
8. You will practice medicine in accord with the policies established by the Association for governance of the provision of services to its clients.
9. You will provide proof of Canadian Medical Protective Association insurance (Family physician) prior to commencement of this contract.

10. As a part of your orientation to SEARCH you must have read and understood the SEARCH Mentor Manual and Scopes of Practice and agree to the terms of this contract, please sign where indicated below and return one copy to us. The other copy is for your records.

I agree to the terms of this contract.

\_\_\_\_\_

Signature

Dr. \_\_\_\_\_

Print full name

\_\_\_\_\_

SEARCH Coordinator

### Confidentiality Agreement:

I, \_\_\_\_\_

(Please print name)

understand that as a mentor of SEARCH Inc., I will have access to and will have disclosed to me confidential information about patients/clients of SEARCH Inc. I understand and agree that this information is confidential and that the release of information must be done in accordance with the SEARCH Policy on Confidentiality of Client Information, which I have received, read and understand.

I agree that after my position with SEARCH Inc. terminates, I will continue to keep all patient/client information strictly confidential and I will continue to act in accordance with the SEARCH Inc. Policy on Confidentiality. I also understand that breaches of confidentiality are very serious and may be grounds for disciplinary action.

\_\_\_\_\_

Signature of Mentor

\_\_\_\_\_

Date

Thank you for your generous gift of time! You will be remunerated for your time as a SEARCH mentor. As SEARCH is a non-profit organization and all of our funds come directly from various fundraising initiatives, we ask you to consider making a donation to SEARCH. If you choose to forego payment altogether, please check the following:

I wish to forego payment of my mentor fees so that SEARCH may use those funds elsewhere on client costs i.e. food, transportation, program supplies, etc.

I wish to accept payment but in the lesser amount of \$ \_\_\_\_\_ per shift.

Please note: Since acquiring legal charitable status with the CRA, SEARCH is eligible to offer its mentors that donate their honorariums to SEARCH, an official charitable tax receipt for income tax purposes. Receipts are distributed in February of each year. Please visit <http://searchhealthclinic.com/donate/> to learn more about the SEARCH policy on charitable giving.