

# MARK LAUDERDALE MD FRCPC

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## OFFICE POLICIES AND INFORMATION

(Please keep for future reference)

### CANCELLING OR RESCHEDULING APPOINTMENTS

MSP does not pay for missed appointments or short notice cancellations/rescheduling. You may cancel or reschedule appointments up to 48 hours in advance without charge by clicking the “Reschedule” or “Cancel Appointment” button in your appointment confirmation email, or by visiting the [Booking Page](https://www.shrinkinabox.com/booking) (<https://www.shrinkinabox.com/booking>) and registering a username and password. Follow-up appointments can also take place without the child if necessary.

If you must cancel with less than 48 hours notice please plan to have a telephone appointment instead at the scheduled time to avoid the cancellation fee (or book another appointment within the next 2 days). Please call or email us to arrange this.

**If a “no show” or cancellation occurs with less than 48 hours notice and no other arrangement is made, you will be responsible for the Cancellation Fee of \$140.**

### PRESCRIPTION RENEWALS

It is best to track your medication supply and ask for a new prescription at a scheduled appointment. However, if you need a new prescription prior to your next appointment please schedule a telephone appointment through the Booking Page and have the medication, dosage and pharmacy phone number on hand. **There is a \$25 charge for prescription renewals without a scheduled telephone appointment.**

### TELEPHONE APPOINTMENTS

The Medical Services Plan covers scheduled telephone appointments, which can be made online through the Booking Page. A phone appointment can be used for a brief discussion with another professional or yourself regarding your child's condition or treatment. This includes medication renewals and school letters at no charge.

### EMAIL

The Medical Services Plan does not pay for email correspondence. There will be a fee of \$50 per 15 minutes for reading or replying to email correspondence. Alternatively, you may schedule a telephone appointment through the Booking Page.

### FORMS AND SCHOOL LETTERS

If you have a form or letter that you would like Dr. Lauderdale to complete, please schedule a follow-up appointment for Dr. Lauderdale to complete the form. Any wording you can prepare in advance will expedite the process. **There is a \$50 charge for letters or forms completed outside of appointment times.**

## LEGAL CORRESPONDENCE

The Medical Services Plan does not cover legal correspondence or communication of any kind. Fees will be charged to your lawyer according to the Doctors of BC fee schedule.

## PHARMACARE

If Dr. Lauderdale prescribes medication for your child, you may be eligible for reimbursement or assistance on a portion of your child's medication costs. For more information and to calculate possible financial support please visit:

<https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents>

## CONFIDENTIALITY

With certain exceptions, the content of all therapy sessions will be kept **confidential**, including the individual sessions with a teenager or child. However, patients have the right to share information with whomever they choose. Parents may, if they so choose, authorize the release of information to a third party by signing a **Consent to Release Information Form**. Your child's referring doctor will automatically receive a copy of the assessment report.

**Exceptions:** The law requires mental health professionals to report cases in which someone's life is in danger or in which an adult is neglecting or abusing a minor. Also, if a judge orders a doctor to appear in a court of law, or if the case file is subpoenaed, the doctor is obliged to reveal case information.

## OFFICE ETIQUETTE

- The child/teen's **parent should attend all appointments** in order to provide their observations and feedback at each session.
- When you arrive please be seated in the waiting room. Dr. Lauderdale will be with you shortly.
- **Please turn off or silence your cell phone** prior to your session with Dr. Lauderdale.
- Please help us keep our office clean by refraining from bringing food or drinks into the office or waiting room. Water is available upon request.
- We ask that children under 6 years of age, do not attend appointments because your undivided attention is essential during therapy sessions.

**Thank you for your consideration.**

## AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I have read, understood  
(PRINT NAME)  
and agree to follow the policies as outlined in this form including any changes as noted. I have also received a copy of this Agreement.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)