



TORONTO IMMUNE & DIGESTIVE HEALTH
INSTITUTE

Dear Patients- PLEASE READ THIS IMPORTANT INFORMATION

January 2021

In addition to a clinical practice and research program in digestive diseases at Mount Sinai Hospital and the University of Toronto I have opened the Toronto Immune and Digestive Health Institute (TIDHI) to further assist patients with digestive health and chronic immune diseases such as inflammatory bowel disease (IBD).

Numerous programs and services are available at TIDHI that have been set up to make your care more effective and efficient. These services include: care from a team of expert gastroenterologists, psychologists and mental health professionals, nutritionists and dietitians; access to nurses/physician assistants; on site blood tests, vaccine administration and TB tests; infusion/injection treatment centre and for patients for whom approved treatments are ineffective, rapid access to promising new treatments through clinical trials.

Some of these services require payments that are not covered by OHIP and many of these services generate revenue to pay our expenses and overhead at TIDHI. TIDHI is also paid to perform clinical trials although there is no cost to patients to participate in such trials. Dr. Mark Silverberg, Founder of TIDHI, is the sole owner of TIDHI and may benefit from these revenues.

Please be aware that any private pay services available at TIDHI are completely optional. Although you may be offered these services if TIDHI staff believe they may be of benefit to your care, you are not required to accept these services and if you choose not to it will in no way affect your medical care at TIDHI. You are also under no obligation to receive any services at TIDHI, including recommended services covered by OHIP such as endoscopic procedures, and you are welcome to pursue any of these services at a location of your choice or through outside providers. Please inquire with our staff if you have any questions or require clarification or would like a referral for services to be carried out in another location.

Mark S. Silverberg, MD PhD FRCPC, Director and Founder of TIDHI

I acknowledge that I have read and understand this document on (Date): _____

Name (PRINT): _____

Signature: _____



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Behavioural Health Informed Consent and Confidentiality Agreement

Welcome to Behavioural Health at TIDHI! Please read the below confidentiality and informed consent agreement, to be signed prior to your first appointment. If you have any questions, please feel free to ask at any time.

With few exceptions (see below), your sessions at TIDHI are strictly confidential. However, due to the integrative nature of our facility, information among our practitioners may be sought or shared in order to provide you with the highest level of care.

The following standard practices regarding confidentiality are very important to be aware of and note:

- 1) If you are under the age of 19 and disclose abuse (sexual and/or physical) by a specific person, the abuse must be reported to the Ministry for Children and Families.
- 2) If there is a serious possibility that you may harm yourself or others, we must take reasonable action, which may include contacting the police or other responsible authorities.

I, the undersigned, do hereby voluntarily give consent for the Clinical Social Worker to provide me with behavioural health services. The content of these appointments will remain confidential within the TIDHI office. Content of sessions or clinical notes may be shared with members of the TIDHI health professionals for the purpose of our team collaboration for your well-being. I understand that I may withdraw my consent to share information for these purposes at any time. I, the undersigned, do hereby agree to pay for behavioural health services rendered at TIDHI at a fee of \$500 per 50-minute session. Sessions that are cancelled with less than 24 hours of notice or are not attended ("no show") will be billed at the full session rate of \$500, with exceptions for emergencies only.

Patient Name: _____

Signature of Patient or Guardian:

Date:
