

Your roster package content is outlined below.

PLEASE check your “junk” or “spam” folder if you don’t see it. It includes the following documents:

1. **Introduction letter from Dr. Ourahama** (please review and **keep for your records**)
2. **Office Practice Policy** (please review and **keep for your records**)
3. **Office Privacy Policy** (please review and **SIGN & RETURN**)
4. **Primary Health Care New Patient Declaration** — child/adult (please **SIGN & RETURN** as soon as possible)
5. **Patient Enrolment and Consent to Release Personal Health Information** — child/adult (please **SIGN & RETURN** as soon as possible)
6. **Release of Information Letter** providing your previous Doctor’s name and fax number (please **SIGN & RETURN** as soon as possible)

WE DO REQUIRE ANYTHING THAT NEEDS TO BE RETURNED TO BE BACK AT OUR OFFICE WITHIN (2) WEEKS OTHERWISE YOUR NAME WILL BE REMOVED FROM OUR WAITLIST.

To return the signed forms, you can do one of the following:

- Place them in a sealed envelope which you can put in the drop box at the back of the clinic (512A Main Street, Winchester)



- Mail them to us at :
 - Nation River Health Clinic Inc
 - 512A Main Street, Box 519
 - Winchester, ON, K0C 2K0
- Use our secure file uploading feature by [clicking here](#) .
- Thank you for your prompt response,

Dr. Z Ourahama

Nation River Health Clinic