

CHAZAH COSMETIC CLINIC

Clinic Policy and Procedures Manual

Patient Care Booking Payments Privacy Consent Photography

Document control	Details
Clinic	Chazah Cosmetic Clinic
Location	710 Dorval Road, Oakville, Ontario
Owner or approving authority	Chazah Cosmetic Clinic
Effective date	September 23, 2025
Review cycle	At least annually and whenever law, standards, services, or technology change
Version	1.0

This manual sets the minimum operational standards for the clinic. All owners, practitioners, employees, contractors, students, and volunteers must follow it within their role and professional scope.

Important: This is a customizable operational template, not legal advice. The clinic must have Ontario legal counsel and each regulated practitioner confirm that the final policies match the clinic structure, services, contracts, insurers, and current College standards before adoption.

How to Use This Manual

This manual combines patient-facing rules with internal procedures. Staff must explain applicable fees and consent requirements before treatment, document relevant decisions in the patient record, and escalate clinical, privacy, safety, or legal concerns to the responsible practitioner or clinic manager.

When	Required action
Before adoption	Complete every bracketed field, confirm fees and timelines, identify the privacy contact, and obtain professional review.
On hiring	Provide the manual, privacy training, emergency training, and role-specific clinical procedures. Obtain signed acknowledgement.
Before each treatment	Confirm identity, history, eligibility, practitioner order or authorization where required, informed consent, photographs only if authorized, and aftercare.
After an incident	Protect the patient, document facts, notify the appropriate lead, preserve evidence, and follow reporting obligations.
Every year	Review the entire manual, training records, consent forms, vendors, insurance, emergency supplies, and fee schedule.

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1 Governance and Responsibilities

Purpose

To establish clear accountability for safe, ethical, patient-centred cosmetic services and compliant clinic operations.

Policy

- The clinic provides only services that it is authorized, insured, equipped, and competent to provide.
- Every regulated health professional remains individually responsible for practising within their legal scope, competence, standards, and any required orders, directives, or delegation arrangements.
- Business targets, promotions, or patient requests must never override clinical judgment, informed consent, safety, privacy, or professional obligations.
- The clinic manager maintains current licences, registrations, insurance certificates, contracts, equipment records, inspection logs, training records, and emergency contacts.
- The most protective applicable rule governs when this manual, legislation, a regulator, an insurer, or a manufacturer differs.

Roles

Role	Core responsibilities
Owner or manager	Approves policies, resources, staffing, vendor agreements, complaints handling, privacy accountability, and annual review.
Clinical lead	Oversees clinical protocols, scope, competency, adverse events, emergency readiness, orders, and quality review.
Treating practitioner	Assesses, obtains consent, treats, documents, provides aftercare, and follows up within scope.
Privacy contact	Answers privacy inquiries, coordinates access and correction requests, manages breach response, and keeps privacy training current.
Reception and support staff	Use minimum necessary information, apply booking and payment rules consistently, protect confidentiality, and escalate concerns.

2 Patient Rights and Respectful Care

- Patients are treated with dignity, privacy, cultural sensitivity, and without discrimination or coercion.

- Patients receive understandable information about the proposed treatment, alternatives, material risks, expected benefits, limitations, fees, recovery, and who will provide the service.
- Patients may ask questions, request an interpreter or support person where appropriate, seek a second opinion, pause, or refuse treatment without pressure.
- The clinic may decline or postpone treatment when it is unsafe, outside scope, unlikely to meet reasonable expectations, or affected by coercion, intoxication, impaired capacity, contraindications, or abusive conduct.
- Urgent medical needs take priority over administrative or payment disputes.

3 Appointments Cancellation and No Shows

Patient facing policy

Appointments are reserved specifically for each patient. The clinic requests at least 48 hours notice to cancel or reschedule. Notice must be received during business hours through an approved clinic channel.

Situation	Standard response
48 hours or more notice	Reschedule without a late-cancellation fee.
Less than 48 hours notice	The booking deposit may be retained or a late-cancellation fee may apply, as disclosed at booking.
No show	The booking deposit may be retained. A new deposit may be required before another appointment.
Late arrival	Treatment may be shortened, changed, or rescheduled if safe care cannot be completed in the remaining time. Applicable fees will be explained.
Emergency or exceptional event	The manager may waive or credit a fee using consistent, documented discretion.
Clinic cancellation	The clinic will promptly offer rescheduling or refund the amount paid for the cancelled service.

Internal procedure

1. Explain the deposit, cancellation window, and potential fee before taking payment.
2. Send confirmation and a reminder when contact permission allows. A reminder is a courtesy; failure to receive it does not automatically remove the policy.
3. Record the time, channel, reason given, fee decision, and staff initials. Do not put unnecessary health details in the appointment calendar.
4. Do not charge more than the disclosed amount. Escalate disputes and requests for accommodation to the manager.

Clinic decision required before adoption: insert the exact deposit and late-cancellation amounts in the approved fee schedule and ensure the same terms appear online, at booking, and on receipts.

4 Fees Refunds Packages Gift Cards and Promotions

Price disclosure

- Give the patient the total price, applicable tax, deposit, package terms, expiry or validity terms, and material restrictions before purchase.
- Provide a receipt. Do not add an undisclosed fee or substitute a service without agreement and clinical approval.

Treatments

- Completed professional services are generally non-refundable because time, professional judgment, supplies, and treatment have already been provided. Dissatisfaction does not by itself establish negligence or guarantee a refund.
- This policy does not remove any statutory right, professional obligation, warranty, or remedy. The clinic will assess adverse outcomes and service concerns promptly and fairly.
- No guarantee is made about a particular cosmetic result. Outcomes and duration vary by patient and treatment.

Packages and prepaid services

- The written purchase agreement controls the included services, number of sessions, transferability, validity, promotional value, and refund calculation, subject to applicable law.
- Unused sessions may be refunded or credited only as stated in the agreement or when required by law. Any used sessions may be repriced at the regular single-session rate only if that method was clearly disclosed before purchase and is lawful.
- If a service becomes clinically unsuitable, the clinical lead will consider a safe alternative, credit, or refund of the unused portion. Clinical decisions must not be influenced by pressure to preserve revenue.

Products

- Unopened, unused, saleable retail products may be returned within 14 days with proof of purchase unless marked final sale or excluded for hygiene, safety, prescription, or legal reasons.
- Opened products are not returnable unless defective or required by law. Report suspected reactions or defects immediately and preserve lot information.

Gift cards and promotions

- Gift cards are administered in accordance with Ontario law. Monetary gift-card value will not expire where prohibited. Promotional bonuses may have separate lawful conditions that are disclosed clearly.
- Promotions cannot override clinical eligibility, consent, professional judgment, or advertised terms. Unless disclosed otherwise, offers cannot be combined.

Chargebacks and disputes

1. Acknowledge the concern and gather the consent, chart, estimate, receipt, communications, and applicable agreement.

2. Do not alter the clinical record. Add a dated correction or administrative note when needed.
3. The manager provides a written decision and documents any refund, credit, or corrective action.

5 Consultation Assessment and Treatment Eligibility

- Verify patient identity using appropriate identifiers and confirm the person requesting treatment is the patient or authorized decision-maker.
- Obtain and update relevant medical history, medications, allergies, previous procedures, pregnancy or breastfeeding status where relevant, contraindications, and the patient's goals.
- Assess expectations, capacity, voluntariness, body-image concerns, and whether delay or referral is appropriate.
- Confirm the practitioner's authority, competence, and any required prescription, order, or directive before treatment.
- Use manufacturer instructions and clinic protocols, but do not treat them as a substitute for professional judgment.
- Document the assessment, plan, product or device details, settings or dose where applicable, injection or treatment sites, lot and expiry, response, aftercare, and follow-up.

6 Informed Consent and Capacity

Policy

Consent is a continuing process, not only a signature. Before treatment, the treating practitioner must determine that consent relates to the proposed treatment, is informed, is voluntary, and is given by a capable person or lawful substitute decision-maker. A patient may withdraw consent at any time before or during treatment.

Required discussion

- Nature and purpose of the treatment and who will perform it.
- Expected benefits, realistic limitations, duration, maintenance, and alternatives including no treatment.
- Material risks and side effects, including risks that are uncommon but serious and risks of special importance to the patient.
- Aftercare, restrictions, warning signs, follow-up, total fees, and the possibility of additional treatment or cost.
- Whether photographs are clinically required and whether separate marketing permission is requested.

Procedure

1. Use plain language and an interpreter where needed. Do not rely on a minor child or conflicted person as interpreter for significant consent discussions.
2. Invite questions and use teach-back when comprehension is uncertain.
3. Assess capacity for the specific decision at the relevant time. Escalate concerns; do not proceed while capacity is unclear.

4. Use the current treatment-specific consent form. The practitioner documents the discussion, questions, decision, and any limits.
5. Reconfirm consent immediately before treatment and whenever the plan, practitioner, product, risk, or patient condition changes.
6. For minors, obtain clinical and legal guidance appropriate to capacity, treatment type, and professional standards. Do not assume age alone decides capacity.

7 Clinical Photography Video and Marketing Consent

Separation of purposes

Clinical images and marketing images have different purposes. Consent for treatment does not equal consent for advertising. Refusing marketing use will not affect access to care or price.

Use	Consent and controls
Clinical record	Explain why images are needed. Obtain consent and store them in the secure patient record with limited access.
Education with identity removed	Use only with appropriate consent and after assessing whether the person could still be recognized.
Website social media or advertising	Obtain separate, specific written authorization describing media, identifiers, editing, duration, and withdrawal limits.
Staff personal device or account	Prohibited. Capture, transfer, store, and post only through clinic-approved systems and accounts.

Rules

- Use a neutral background, consistent lighting, standard angles, correct patient identification, and no unnecessary body areas or identifiers.
- Do not promise anonymity when tattoos, features, voice, context, or treatment area may identify the patient.
- Do not materially alter clinical results. Any crop, lighting correction, or label must not mislead.
- Record where and when marketing content is published and retain the signed authorization.
- A patient may withdraw future marketing permission by written notice. The clinic will stop new use and make reasonable efforts to remove content it controls, while explaining that prior distribution, screenshots, third-party sharing, printed materials, or legally required records may not be fully retrievable.

8 Privacy and Personal Health Information

Commitment

The clinic protects personal information and personal health information in accordance with applicable Ontario and Canadian law, including PHIPA where the clinic or practitioner is a health information custodian. Information is collected, used, disclosed, retained, and disposed of only for lawful purposes and with appropriate authority.

Privacy contact

Name or title: Privacy Contact, Chazah Cosmetic Clinic

Telephone: [insert clinic number]

Email: [insert privacy email]

Address: 710 Dorval Road, Oakville, Ontario

Information practices

- Collect only information reasonably necessary for care, safety, billing, operations, legal duties, or another explained purpose.
- Use and disclose only as permitted or required by law and consistent with consent. Follow a patient's lawful consent directive or restriction and document it clearly.
- Give access only to authorized people based on role and need. Each system user must have unique credentials; password sharing is prohibited.
- Use approved secure systems and vendors. Written agreements must address confidentiality, safeguards, breach notice, access, return or destruction, and continuing availability of records.
- Keep paper records in restricted areas or locked storage. Position screens and conversations to prevent unauthorized viewing or hearing.
- Do not discuss patients in public spaces, post identifying details, or use personal email, messaging, cloud storage, removable media, or devices unless formally approved and secured.

Patient rights

- Be told why information is collected, used, or disclosed.
- Give, refuse, or withdraw consent where the law permits.
- Request access to and correction of the patient's record, subject to legal exceptions.
- Ask questions or complain to the clinic privacy contact and, where applicable, the Information and Privacy Commissioner of Ontario.

Privacy breach response

1. Contain the incident immediately without destroying evidence: recover records, revoke access, change credentials, disable links, or isolate a device.
2. Notify the privacy contact and clinic manager immediately. Notify the clinical lead if patient safety may be affected.
3. Document what happened, whose information was involved, sensitivity, volume, recipients, systems, dates, containment, and known risks.
4. Assess and complete required notices to affected individuals, the Information and Privacy Commissioner of Ontario, regulators, insurers, police, or others. Notices must be timely, accurate, and approved.
5. Correct the cause, monitor for harm or recurrence, and retain the breach file separately from the clinical record unless information belongs in both.

9 Clinical Records Access Retention and Disposal

- Create a clear, accurate, chronological record at the time of care or as soon as possible afterward. Identify the author, date, and time.
- Never delete, backdate, obscure, or rewrite an original entry. Make corrections transparently so the original content, author, and date remain traceable.
- Respond to access or correction requests promptly and within applicable legal timelines. Verify identity and authority before release. Provide secure copies and document what was released, when, how, and to whom.
- Charge only a lawful and reasonable cost-recovery fee after giving an estimate where required. Do not risk patient safety by delaying an urgent transfer over a fee dispute.
- Use the retention period required by the responsible professional regulator and applicable law. Where physician rules apply, adult records are generally retained at least 10 years from the last entry and a child's record generally for 10 years after the patient reaches or would have reached age 18. Confirm the rule for every practitioner and record type.
- Suspend routine destruction when there is a complaint, access request, audit, investigation, claim, litigation hold, or other reason to preserve records.
- Destroy paper and electronic records securely so they cannot be reconstructed, including appropriate handling of backups and storage media.

10 Infection Prevention and Environmental Safety

- Follow current public-health guidance, professional standards, manufacturer instructions, and clinic infection-prevention procedures.
- Perform hand hygiene at required moments and use appropriate personal protective equipment.
- Use single-use items once only. Clean, disinfect, sterilize, store, and track reusable equipment according to its classification and instructions.
- Maintain written schedules and logs for treatment rooms, high-touch surfaces, devices, linens, spills, sharps, biomedical waste, and water or ventilation controls where relevant.
- Do not use compromised, expired, improperly stored, or untraceable products. Quarantine affected stock.
- Staff with potentially communicable illness or exposure must notify the manager and follow occupational and public-health direction.

11 Medication Devices and Product Safety

- Purchase prescription products, injectables, devices, and supplies only from authorized and traceable sources.
- Record receipt, lot, expiry, storage conditions, temperature monitoring where required, and inventory discrepancies.
- Store medications and high-risk products securely with access limited by role. Maintain cold chain and contingency plans where applicable.

- Operate devices only after documented training and competency. Complete preventive maintenance, calibration, service, electrical safety, and recall checks.
- Before use, perform patient, product, dose or setting, route or site, expiry, allergy, and authorization checks applicable to the treatment.
- Report suspected adverse drug reactions, device incidents, defects, or recalls through required channels and notify the responsible practitioner and insurer as appropriate.

12 Adverse Events Emergencies and Incident Reporting

Immediate priorities

1. Stop the procedure and call for clinical assistance.
2. Assess airway, breathing, circulation, consciousness, and the treatment-specific risk. Activate 911 when indicated.
3. Provide care within training and scope. Use emergency medications and equipment only as authorized.
4. Give emergency services accurate information, including treatment, time, product, dose or settings, allergies, and response.
5. Arrange safe transfer, follow-up, and responsible accompaniment where appropriate. Do not allow an impaired patient to drive.

After stabilization

- Document objective facts, assessments, interventions, communications, patient instructions, disposition, and follow-up in the clinical record.
- Complete a separate incident report before the end of the shift when possible. Do not place blame or legal conclusions in the clinical chart.
- Preserve products, lot numbers, packaging, photographs, device logs, and other evidence. Quarantine equipment or stock if indicated.
- Notify the clinical lead, manager, insurer, prescriber, manufacturer, regulator, public health, Health Canada, police, or privacy authority when required.
- Conduct a no-blame review and implement corrective actions. Never conceal an event or discourage a patient from seeking care or complaining.

13 Complaints Service Recovery and Quality Improvement

- Receive complaints respectfully without retaliation. Staff should listen, document the patient's own words, explain the process, and avoid admissions or promises outside their authority.
- Acknowledge complaints promptly, normally within two business days, and give a reasonable target date for the response.
- The manager coordinates review with the clinical lead, privacy contact, practitioner, insurer, or legal counsel as needed.
- Provide a clear written outcome where appropriate, including findings, correction, clinical follow-up, refund or credit decision, and external complaint options.

- Track trends and corrective actions while keeping complaint files confidential and separate where appropriate.

14 Communications Advertising and Social Media

- Advertising must be accurate, supportable, not misleading, and consistent with professional rules. Clearly identify material conditions, taxes, limits, practitioner status, and whether images are typical or individual results.
- Do not guarantee results, exploit vulnerability, create false urgency, conceal sponsorship, or use fabricated reviews or testimonials.
- Obtain documented permission before using a patient's name, image, voice, testimonial, message, or case details.
- Send commercial email or text only through approved systems and with legally sufficient consent, identification, and unsubscribe controls.
- Do not provide individualized diagnosis or urgent care through public comments or insecure direct messages. Move the conversation to an approved private channel and direct emergencies to 911 or appropriate care.
- Only authorized staff may post for the clinic. Preserve records of approvals, claims, promotions, consents, and corrections.

15 Accessibility Human Rights and Accommodations

- Provide services and employment without discrimination prohibited by the Ontario Human Rights Code.
- Offer reasonable accommodations to the point of undue hardship, considering dignity, privacy, independence, integration, and safety.
- Communicate in accessible formats and support assistive devices, service animals, support persons, and interpreters as required and appropriate.
- A safety-based treatment decision must be individualized, evidence-informed, documented, and not based on stereotypes.

16 Staff Conduct Confidentiality and Training

- Maintain professional boundaries, respectful communication, punctuality, accurate records, and a safe, harassment-free workplace.
- Access patient information only for assigned work. Curiosity access, sharing credentials, taking screenshots, and discussing patients without a work purpose are prohibited.
- Disclose actual or potential conflicts, gifts, referral arrangements, commission structures, errors, impairment, expired credentials, and safety concerns.
- Complete orientation and annual refreshers covering privacy, consent, emergencies, infection prevention, workplace safety, accessibility, incident reporting, and role-specific competencies.
- Report suspected misconduct, privacy breaches, unsafe practice, diversion, harassment, or fraud promptly. Good-faith reporting is protected from retaliation.
- On departure, return clinic property and records, disable access, preserve confidentiality, and complete required patient-care handover.

Appendix A Patient Policy Summary

Please review these terms before booking or purchasing. Treatment-specific information and consent will be provided separately.

- Give at least 48 hours notice to cancel or reschedule. A disclosed late-cancellation fee or loss of deposit may apply.
- No-shows may lose the deposit and may need a new deposit to book again.
- Arriving late may require a shorter, changed, or rescheduled appointment if safe care cannot be completed.
- Completed services are generally non-refundable, but this does not remove rights provided by law. Cosmetic outcomes cannot be guaranteed.
- Package, promotion, product-return, and gift-card terms will be disclosed before purchase.
- You may ask questions, refuse treatment, or withdraw consent. Refusing marketing photos will not affect your care.
- Clinical photos are stored as health records. Marketing use requires separate permission.
- Contact the clinic promptly about unexpected symptoms, adverse effects, privacy concerns, or complaints. Call 911 for an emergency.

Patient name: _____

Signature: _____ Date: _____

Appendix B Privacy Breach Checklist

- ☐ Contain access or disclosure and preserve evidence
- ☐ Notify privacy contact and manager
- ☐ Identify data, people, systems, dates, recipients, and cause
- ☐ Assess sensitivity, likelihood of misuse, patient-safety impact, and ongoing risk
- ☐ Complete required individual and regulatory notices
- ☐ Notify insurer, counsel, police, vendor, regulator, or other authority as indicated
- ☐ Correct safeguards and confirm closure
- ☐ Retain breach analysis, notices, decisions, and corrective-action evidence

Incident reference: _____ Date discovered: _____

Lead reviewer: _____ Date closed: _____

Appendix C Incident Report

Field	Details
Incident date and time	
Location	
Patient or person affected	
Reporter and role	
Objective description	
Immediate assessment and care	
Emergency transfer or disposition	
Product device lot dose or settings	
Witnesses	
Notifications made	
Evidence preserved	
Follow-up plan	
Review findings	
Corrective actions owner and due date	

Reporter signature: _____ Date: _____

Manager or clinical lead: _____ Date: _____

Appendix D Staff Acknowledgement

I confirm that I received and reviewed the Chazah Cosmetic Clinic Policy and Procedures Manual. I understand that I must follow these policies, ask for clarification when uncertain, remain within my role and professional scope, protect confidentiality, report incidents promptly, and complete required training. I understand that policies may be updated and that legal and professional obligations apply even when not repeated in this manual.

Staff member: _____

Role: _____

Signature: _____ Date: _____

Manager or trainer: _____ Date: _____

Approval and Review Record

Version	Effective date	Approved by	Summary of changes	Next review
1.0	September 23, 2025	Chazah Cosmetic Clinic	Initial consolidated manual	September 23, 2027

Reference Framework

The clinic should verify the current version of each applicable source during every review. Key Ontario sources include the Personal Health Information Protection Act, 2004; the Health Care Consent Act, 1996; the Consumer Protection Act, 2002 and successor consumer legislation when proclaimed; the Ontario Human Rights Code; the Accessibility for Ontarians with Disabilities Act, 2005; occupational health and safety requirements; public-health infection-prevention guidance; and the standards of each regulated practitioner's College. Current guidance from the Information and Privacy Commissioner of Ontario, the College of Nurses of Ontario, and, where applicable, the College of Physicians and Surgeons of Ontario should also be consulted.

Prepared as an operational template for Chazah Cosmetic Clinic. Final adoption requires completion of bracketed fields and confirmation by appropriate Ontario legal, privacy, insurance, and regulated-professional advisors.