

YUN-CHING CHEN, M.D.
PO Box 1105
CAPITOLA, CA 95010

831-462-6013 (TEL.)
831-465-9519 (FAX)
www.BalancedApproaches.com

ACKNOWLEDGMENT OF OFFICE POLICIES

I acknowledge that I have received copies of Privacy Policy and Office Policy forms from Dr. Chen's office and/or have reviewed them in their entirety on Dr. Chen's website. I understand all of the information and agree to the terms listed in the forms. I understand that Dr. Chen's Office Policies may be periodically revised in the future and will keep updated with the latest policy changes by calling the office and/or checking the website. I have also provided information in the Patient Information Form as accurately as possible on the date listed and will notify Dr. Chen's office in the event of a change, such as my contact information.

Dr. Chen's policy is to provide you with a copy of all test results ordered by her, so that you can be the custodian of your own confidential medical records, and that there is complete transparency. I agree to keep a file of my test results and use my own original copies in order to make additional copies for any other health care provider with whom I would like to share my records. I understand that in the event Dr. Chen receives a "request for medical records," she will forward those records requests directly to me for handling. I also understand that **if I need additional copies of my test results for myself or to be sent to another office, there will be a medical records fee of \$25.**

I understand that Dr. Chen's office hours are only Tuesday and Thursday, although phones messages will be checked multiple times per day, Mon-Fri. I will allow 2-3 business days for messages to be answered and all prescription refills. I understand that **Dr. Chen is a consultant, and NOT my primary care physician and is NOT available for urgent medical situations. In the event I have an emergency, I am to go to the nearest urgent care or emergency department for evaluation. I will contact my own primary care physician for general medical care.**

NAME (Print) _____ **DOB** _____

SIGNATURE _____ **DATE** _____

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Please check ALL methods of preferred and acceptable communication between Dr. Chen's office and you regarding your confidential medical information. Please specify where applicable if ok to leave a confidential message with a family member or directly on answering machine/voice mail if we cannot reach you at the time of the call:

___ home phone/answering machine ___ cell phone / voice mail / texting (circle preferred)

___ fax (number _____) ___ family member if you're unavailable ___ work

___ US postal mail ___ email** address _____
(NOT via secure on-line log-in portal; only regular email with Dr. Chen, such as to receive test results)**