

Fremont Rheumatology: Drs Barry Shibuya & Christine Elias

Board Certified in Rheumatology: Arthritis, Osteoporosis & Related Autoimmune Diseases

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RECEIPT of NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the provider's notice of privacy practices from Fremont Rheumatology.

Signature of patient (or representative)

Relationship to patient

Date

CONSENT FOR VERBAL RELEASE OF MEDICAL INFORMATION

I, _____, authorize the following person(s) to discuss my medical condition with this office:

Name

Relationship to patient

Phone #: Home / Work / Cell

Name

Relationship to patient

Phone #: Home / Work / Cell

Name

Relationship to patient

Phone #: Home / Work / Cell

Patient signature

Date

RECORDING OF OFFICE VISITS:

Although there are potential benefits of using electronic devices to free you from taking notes, there are also potential drawbacks of recordings as they undermine the privacy of the visit. Knowing that the conversation is recorded might inhibit the free flow of information between the doctor and patient. The patient might be less likely to admit to problems (e.g., a recent fall, getting lost in the car, or a new significant other) if he/she knew that other family members would be "listening in." Confidentiality of the recording is also raises thorny issues: How is access to the recording going to be protected? How safe are the recording? Could the recording be lost, or inadvertently posted on the Web and "go viral"? **Given these drawbacks, Fremont Rheumatology does NOT allow any electronic recordings to ensure patient confidentiality.** If you are found to be secretly recording your office visit, you will be asked to stop, as the state of California requires that BOTH parties agree to the recording to be legal.

In order to assist patients in remembering the context of their medical visits, Fremont Rheumatology provides patients with access to their "**clinical summary**" documents through our **patient portal**, which include a list of medications, physicians' recommendations and other summary information. Fremont Rheumatology also encourages all patients to **bring a paper and pen to each visit** to take notes to help them remember important information.

RE-SCHEDULING / MISSED APPOINTMENT / CANCELLATION POLICY addendum * updated 1/1/14

I have been informed that **this office charges \$50 for all MISSED appointment that are Not Canceled/Re-scheduled with at least 24-business-hour notice** without any reasonable excuses and evidence. The office will give you ONE automated reminder call (or Text) of your upcoming appointments at least 2 business days in advance. If we are unable to reach you, you will still be liable for this charge if you canceled, rescheduled, or no-showed without 24-hours advance notice. **Please make sure your phone number is always updated in our system.** Thank you for your attention!

If you re-scheduling your appointment frequently (more than twice), you will also be place on appointment booking restriction. Chronic re-scheduling or missing appointments may be grounds to terminate the physician - patient relationship.

Signature of patient (or representative)

Relationship to patient

Date