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## PATIENT COMMUNICATION AND CONSENT

**Ocean Medicine** respects your right to confidential communications about your protected health information (PHI) as well as your right to direct how those communications occur. Since email and texting can be inherently insecure as a method of communication, we will only communicate with you by email or text with your written consent at the email address or phone number you provide to us below. Please be aware that if you have an email account through your employer, your employer may have access to your email. Email or text communications may not be encrypted. Voicemail or answering machine messages may be intercepted by others. **Ocean Medicine** will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

I authorize **Ocean Medicine** to contact me by telephone with medical information pertaining to my care. If I am unavailable, this authorization gives **Ocean Medicine** to leave this information either on my answering machine or with a member of my household.

### Authorized Individuals

The following people are authorized to discuss my personal health information and coordinate with **Ocean Medicine** for evaluation and treatment, including follow up appointments, telephone communication, scheduling appointments and may be contacted in case of an emergency. (Authorized caregivers are not able to request and transfer records)

Patient Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I do not consent to any voicemail, email or texting communication.

I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

Email: \_\_\_\_\_  Text: \_\_\_\_\_  Voicemail: \_\_\_\_\_  
*(Email Address) (Text Number) (Voicemail Number)*

I consent to all communication, including but not limited to communication about my medical condition and advice from my health care providers by the following means (check all that you consent to):

Email: \_\_\_\_\_  Text: \_\_\_\_\_  Voicemail: \_\_\_\_\_  
*(Email Address) (Text Number) (Voicemail Number)*

**I UNDERSTAND AND AGREE TO THE ABOVE:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Patient or Authorized Patient Representative*

Relationship to patient:  Self  Spouse  Parent  Guardian

## CANCELLED/MISSED APPOINTMENTS

Appointments are scheduled according to each patient's needs and the availability of the physician. The time of your appointment is reserved for you. All cancellations and/or rescheduling of appointments **MUST** be done at least 48 hours in advance. Patients, who cancel the day of an appointment or do not show, will incur a \$50.00 cancellation/no show fee. This fee cannot be billed to your insurance company and is payable by the patient or their guardian. We will require a payment over the phone. Please note that three consecutive cancellations will make you ineligible for a consult at our office.

**I UNDERSTAND AND AGREE TO THE ABOVE:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Patient or Authorized Patient Representative*

Relationship to patient:       Self       Spouse       Parent       Guardian

## MEDICATION REFILL POLICY

- It is your responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to three business days so please be courteous and do not wait to call. If you use a mail order pharmacy, please contact us fourteen (14) days before your medication is due to run out.
- Medication refills will only be addressed during regular office hours (Monday-Friday 8am-5pm). The urgent care staff will not return any phone calls regarding refills. Please notify your provider on the next business day if you find yourself out of medication after hours. No prescriptions will be refilled on Saturday, Sunday or Holidays.
- Refills can only be authorized on medication prescribed by providers from our office.
- Some medications require prior authorization. Depending on your insurance this process may involve several steps by both your pharmacy and your provider. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Only your pharmacy is notified of the approval status. Neither the pharmacy nor the provider can guaranty that your insurance company will approve the medication. Please check with your pharmacy or your insurance company for updates.
- It is important to keep your scheduled appointment to ensure that you receive timely refills. Repeated no shows or cancellations will result in a denial of refills. **All prescriptions require a follow up appointment every 3 to 6 months.**

**I UNDERSTAND AND AGREE TO THE ABOVE:** \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Patient or Authorized Patient Representative*

Relationship to patient:       Self       Spouse       Parent       Guardian