

Green Oaks Medical Center, PC  
Dr. Christine Green  
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Green Oaks Medical Center, PC is looking forward to working with you in an effort to achieve your health goals. To ensure this, we would like to present a few general policies, for which we will hold patients in the practice accountable. It is important that you are willing to do ALL that you need to do to get well. You must play an active role in your health care for optimal results. Here are the expectations that we have of our patients. If you do not “keep your part of the bargain” we reserve the right to terminate our provider/patient relationship.

1. Keep regular, follow up appointment as advised by Dr. Green. We cannot be responsible for your care without your consistency. Telephone appointments may be arranged for some for your visits if you live out of the area. Dr. Green must approve this.
2. **Appointment confirmations** will be made by email using **Cerbo MD-HQ** to the email address you have provided. Please acknowledge your appointment when this notification is received. Only patients who do not have an email address on file with us will receive confirmation telephone calls. By providing us with an email address for notification and use of the Patient Portal, it is the patient’s responsibility to acknowledge and keep scheduled appointments.
3. Time is limited during your office visit. You are required to have a Primary Care Provider who treats your basic medical needs and emergencies.
4. **Missed follow up appointments** will result in the full charge of the scheduled appointment, if the appointment is not cancelled or rescheduled at least **3 business days** before the original appointment time. This fee cannot be waived. For new patients, you must cancel or reschedule your visit at least **10 business days** before your currently scheduled appointment. Cancellations less than 10 business days ahead can be rescheduled but are not refunded.
5. Please come organized to appointments with a **written list** of concerns. Come prepared to **take your own notes** during the visit. A patient instruction plan will be provided after appointments as a courtesy but the patient is responsible for also taking notes regarding continuing care.
6. Communication with Dr. Green and her staff can be accomplished in 2 ways: Through the secure **patient portal through Cerbo MD-HQ** or by **telephone**. Please see the administrative staff at the office in which you are seen for instructions on enrolling in the Cerbo MD-HQ Patient Portal. This is a secure, HIPAA compliant manner in which to communicate. Phone messages will be answered each business day and in the order of medical necessity. Please call the office at which you are seen with messages. Try to keep your telephone messages brief and to the point and call **one time** regarding your message. Any request that requires an in-person pick up must be scheduled **24 hours** in advance. **NO DROP INS PLEASE.**
7. Lab results and other requested documents can be obtained by the patient in 2 ways:  
Patients can access laboratory results, patient instructions and handouts by using the patient portal through Cerbo MD-HQ  
Please see the administrative staff at the office at which you are seen for instructions how to enroll in the secure Patient Portal through Cerbo MD-HQ. An email address is required for this process. If the patient does not use the portal system, lab results and other requested documents will be given to the patient **at the time of an office visit** or **sent through the US Mail** only, not by email or fax.
8. Please fax to **the appropriate office noted above**, if you need a letter written on your behalf. Go to the Patient Portal or to [www.christinegreenmd.com](http://www.christinegreenmd.com) to obtain the necessary Letter Request Form.
9. Please fax to **the appropriate office noted above**, if you need records sent to you or another Health Care Provider on your behalf. Go to the Patient Portal or to [www.christinegreenmd.com](http://www.christinegreenmd.com) to obtain the necessary Records Release Form.
10. Telephone inquiries will be answered as soon as possible and in the order of medical necessity. If you have an **URGENT OR EMERGENT MEDICAL PROBLEM**, please go to your nearest emergency room or primary care provider. Most treatment changes are complicated and cannot be managed over the phone. If a treatment change is necessary, it will usually require an office visit.
11. If you need **prescriptions refilled**, please contact your pharmacy and ask them to fax a refill request to the office in which you are seen. Please allow **5 business days** for refill requests, but we will return those requests to the pharmacy as soon as possible. If prior authorization is needed for a medication, our staff in the order in which they are received will handle those requests. **Your pharmacy must forward us a denial and request prior authorization** when a medication is denied or is pending Prior Authorization. You will be notified of decisions received by our office regarding your Prior Authorization status.
12. If prior authorizations are needed for tests or procedures, patients must contact the insurance company and request that they fax us a prior authorization form(s) for the medication(s) or tests needed.
13. Your office visit is for **YOUR care only**. We cannot discuss a family member’s or friend’s symptoms or treatments during your visit. If other individuals need medical care, they will need to make a separate appointment.
14. Former patients who have not been seen by the doctor in **2 or more years** will be considered a new patient and will need to schedule a new patient visit.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_