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500 N. Garfield Ave., #310, Monterey Park, CA 91754 Phone: (626) 572-0661 Fax: (626) 573-9556

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**AllCare Women’s Health Gynecological and Obstetric**

**Patient Care Agreement**

**Delivery Policy:**

AllCare Women’s Health has different women’s health specialists in our practice, including Dr. Helen Huynh, male physician Dr. Vinh Vo, female Nurse Practitioner Jessica Le, female Nurse Practitioner Ivy Panoy, female Nurse Practitioner Harlene Castillo, female Nurse Practitioner Sarah Moreno, female Nurse Practitioner Han Zhang, female Physician’s Assistant Julie Dao, and female Physician’s Assist Catlyn Oh. You will be under the care of all providers male and female during your prenatal care visits, delivery, and postpartum visits

This serves three purposes:

1. Enables you to meet all of us
2. Allows all the providers to meet you and review your record and medical conditions
3. Increases your comfort level, if unexpected problems were to arise, anyone of the on-call providers will be able to assist you.

We would like to provide the best care possible for your delivery; however, it is not always known which doctor will be on-call when you deliver or have an unexpected problem arise due to the fact that they rotate at different hospitals. Therefore, you may NOT request a specific male or female provider to perform your delivery. All providers will use their professional judgement for all the planned cesarean sections and induction of labor.

**Birth Plans:**

Given the nature of the hospitals policy, Birth Plans, ie, water birth or midwives are not appropriate and will not be considered. Please discuss any specific questions you have with your physicians.

Dr. Helen Huynh and Dr. Vinh Vo do not deliver vaginal birth after cesarean delivery. Please discuss this with your providers.

**Office Policy:**

Due to the nature of their work as an OB/GYN, Dr Helen Huynh and Dr. Vinh Vo will get unexpected calls from the hospitals for deliveries or emergency gynecological cases. AllCare Women’s Health can reschedule or cancel your appointment with/without notice. We do value your time and our staff will work diligently to notify you as soon as the staff is notified. Therefore, we will try to make appropriate accommodation due to the circumstances.

**Disability Forms/ Chart Copies:**

All requests for completion of disability forms or Family Medical Leave forms will be completed within 10 business days of receipt in office. We realize there are special circumstances where time is a factor and these will be treated on a case-by-case basis. **There will be a fee of $20.00 per form that we complete for you. Payment is due at the time of the request, prior to the form being completed**.

Requests for copies of your medical record will require a one (1) week notice and proper written authorization. There is no fee for records being sent directly to another physician for on-going care. All other requests will be subject to a fee, which is computed using the current California Department of Health guidelines, and must be paid prior to records being released.

**Text Message Confirmation:**

By initialing \_\_\_\_\_\_\_\_\_\_\_\_ I verify that this is my mobile number and consent to receive text messages to ***remind my appointments only***. Message and data rates may apply. This is only for appointment reminders. Any other matters, please contact our office directly. Please do not text personal information back. This is not an emergency method of communication. Please contact our office during office hours or go to the nearest Emergency Center.

"By checking this box, I agree to receive SMS messages about my appointment reminder from AllCare Women’s Health at the phone number provided above. The SMS frequency may vary. Data rates may apply. Text HELP to (626) 773-8900 for assistance. Reply STOP to opt out of receiving SMS messages" <https://allcarewomenshealthinc.com/privacy-policy>. To see our privacy policy and terms and conditions on the website.

*I acknowledge that I have received, read, and understand the AllCare Women’s Health Gynecological and Obstetrical Patient Care Agreement. By signing below, I agree to terms of the Patient Care Agreement.*

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Name (please print)

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Signature Date

Patient’s Legal Representative Relationship Date

Reviewed with Staff Member Date