PATIENT RESPONSIBILITY DISCLOSURE STATEMENT

BUSINESS HOURS

Our business and operating hours are: 8:00am – 5:00pm, Monday –Friday; 9:00am – 5:00pm Saturday

APPOINTMENTS

- Bring all medications you are currently taking to **each** appointment.
- If you are more than a few (10) minutes late for your appointment, *we may have to reschedule your appointment* or ask you to wait for a period of time until the physician can find an opening in the schedule.
- This office requires a 24-hour notice of all appointment cancellations. There will be a $25.00 Missed Appointment Fee billed to you for failure to notify the office within 24-hours prior to your appointment for cancellation. In the event you decline to pay this fee, termination of care may result. We will only be able to renew your prescriptions or order labs or testing for the next 30 days. You are encouraged to schedule an appointment because we are concerned for your health and well-being. Please help us service all our patients better by keeping your scheduled appointments.

If you do not call or arrive at your scheduled appointment time, we will mark your appointment as a "No Show". Multiple "No Show" visits may result in a termination of care.

PRESCRIPTION AND/OR REFILLS

- Your medication is your responsibility. Please do not call us and say that you are out of medication and need a prescription today, we will not be able to assist you if your provider is not available or off-site. You always have the option of utilizing our Urgent Care for these requests; however, the provider may only provide a 30 day refill at his or her discretion. If you do not have an appointment and are requesting a refill to be called to your pharmacy on allowable medication, please allow 48-72 hours to process your request. On all refills, please call your pharmacy and request a refill and your pharmacy will then notify us with the appropriate information needed to handle your request. We recommend calling a week in advance.

New prescription requests, if possible, should be discussed during an office visit. Refill requests for 90 day mail-in or military installations will be written and placed at the front desk for pick-up, or if requested, mailed to you (some exclusion's apply).

TEST RESULTS

Allow 7 – 10 business days after Labs and/or Tests were performed for our office to contact you with your results.

CARE FOR MINOR CHILDREN (18 years & below)

- Parents must accompany their minor child to all appointments/visits. If the parent is unable to accompany, a written authorization designating a responsible adult is required with a copy of their license.
- If you have legal guardianship over a minor child, a copy of the legal guardianship documentation is required for the chart

PATIENT FORMS COMPLETION

I acknowledge understanding there may be fees involved if I have a disability, financial, medication, or similar forms that need to be completed by IHP Medical Group office and/or physician. IHP Medical Group requires **5-10 business days** for processing and/or completion of any form. All form completion fees will be collected prior to form completion.

MEDICAL INSURANCE

We have contracts with many on island insurance companies, and we will bill them as a service to you. As the responsible party, you are responsible for the charges if your insurance declines to pay for any reason as well as:

- Informing IHP of the current address and phone number for the patient and the responsible party.
- Presenting all current insurance cards prior to each office visit
- Verifying at each visit that your patient information is current by speaking to the front receptionist and completing a new
- Update your patient registration form every year
- Paying any additional amount owed within 30 days of receiving notice from our office. When IHP receives an explanation of benefits (EOB) from your insurance company, any amounts that you need to pay will be billed to you.

AUTHORIZATION / REFERRAL POLICY

I understand that it is also my responsibility to obtain an authorization and/or referral through my primary care physician's office, if required by my insurance company. Failure to do so may result in charges being billed directly to me or my appointment being cancelled and rescheduled once I have obtained the appropriate authorization and/or referral.

NON-PAYMENT ON ACCOUNT

Accounts that are over 90 days past due may be placed with an outside collection agency for recovery. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's responsible party, understands that IHP Medical Group has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the patient's responsible party, understands that they are responsible for all costs of collection including, but not limited to, collection fees, all court costs and Attorney fees.

MEDICAL RECORDS COPY

Must be made in writing and required a $25 deposit on the day of the request. Please allow 72 hours for completion

COMMUNICATION

- By providing a wireless or mobile telephone number, I permit IHP to use that number for contact. Contact includes receiving calls and messages, including pre-recorded messages and calls from an automatic telephone dialer (autodialer), from IHP Medical Group and their authorized agents.
- I certify that I understand the privacy risks of mail, phone calls, and email. I hereby authorize an IHP representative or my physician to mail, call, or email me with communications regarding my healthcare including but not limited to appointment reminders, referral arrangements, and diagnostic test results. I understand that I have the right to rescind this authorization at any time by notifying IHP Medical Group to that effect in writing.

GENERAL DISCLOSURES

- All services provided by IHP Medical Group require proof of identification for your protection against medical identity theft. Please bring your insurance card(s) and a valid photo ID with you to each appointment
- The safety of your children is extremely important to us. We request that you maintain close supervision of your children at all times which visiting our facility.
- All of our patients and visitors are expected to maintain appropriate conduct while visiting IHP.
- We reserve the right to refuse service to any patient who causes disruption to our operations and presents potential harm to other patients and employees in our facility.

WEBSITE DISCLAIMER

Any use of our website or the information contained in our website is at your own risk. We will not be responsible for the consequences of your decision to utilize the information contained in the website.

The medical information provided in our site is for educational purposes only; it is not intended nor implied to be a substitute for professional medical advice. Always consult your physician or healthcare provider prior to starting a new treatment or with any questions you may have regarding a medical condition.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE RELEASE OF MEDICAL INFORMATION, PAYMENT, AND OTHER OFFICE POLICIES. REFUSAL TO SIGN THIS STATEMENT RESULTS IN THE CANCELLATION OF APPOINTMENT AND TERMINATION OF FUTURE CARE.

Patient or Parent/Guardian Signature	**Date**
Print Patient or Parent/Guardian Name from above	**Relationship to Patient**