



"CARING FOR OHANA, CARING FOR YOU"



### **PATIENT RESPONSIBILITIES**

1. To provide a valid picture I.D. and insurance card at the time of your appointment.
2. To provide your medication bottles or a list of your current medications at the time of your appointment.
3. Minors (under the age of 18) need to be accompanied by their parents or legal guardians with patient's birth certificate or legal custodian letter. If accompanied by other adults, a written consent is required for treatment. If minor needs immunization, please bring his/her immunization records to your appointments.
4. If you are uninsured you may be eligible for a discount. Please schedule an appointment with our Patient Assistance Specialist. Please provide income documentation for all income sources prior to or at the time of your appointment.
5. To be responsible for notifying the HHC of any changes in insurance, income status, address and phone number.
6. To be responsible for your co-pay or a minimum payment of \$20.00 at the time services are rendered. This will be collected on the date of service.
7. To notify the HHC of cancellation of your appointment at least 24 hours prior to your appointment time. After 3 no shows or late cancellations we reserve the right to dismiss you from our clinic.
8. To notify the HHC if you will be late for your appointment. If you are going to be at least 15 minutes late, you may be rescheduled.
9. To be responsible for your medications. Medication refill requests require 48-72 hours notification. Please plan accordingly so that you don't run out of medication(s).
10. Transportation services must be scheduled 24 hours prior to the date the service is needed.
11. If you need copies of your medical records, allow up to 10 days to fill your request. A fee may apply.
12. The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. You are responsible for providing information about past illnesses, medications, and other matters related to your health status. To participate effectively in decision making, you must take responsibility for requesting additional information or clarification about your health status or treatment when you do not fully understand information and instructions.
13. To provide the HHC a copy of your written advance directive if you have one.
14. For informing your physicians and other caregivers if you anticipate problems in following prescribed treatment.
15. To be responsible for your child(ren)'s behavior while in the waiting room or exam room.
16. To treat other patients and the HHC staff with respect. Swearing, threatening, or aggressive behavior could result in immediate discharge from this clinic.
17. No pets allowed in the clinic except for service animals.