

# Aloha Nui Family Practice, LLC.



69 Lanihuli street, Hilo, Hawaii 96720  
808-961-1400 / 808-961-1300 (fax)  
[www.alohanuifamilypractice.com](http://www.alohanuifamilypractice.com)

Aloha and thank you for choosing Aloha Nui Family Practice as your new patient centered medical home (PCMH). We are committed to providing you with the best medical care based on your health needs. Our hope is that we can form a partnership to keep your whole self as healthy as possible, no matter what your current state of health.

## Client agreement:

1. *I agree* to compliance with preventative health measures, as well as, specific treatments recommended to improve my healthcare while understanding that my failure to do so may result in illness.
2. *I agree* to take a primary role in improving & maintaining my health, including scheduling at least one office visit per year for a preventative care & health maintenance examination.
3. *I agree* to inform Aloha Nui Family Practice of any changes to my health, medications, insurance or contact information.
4. *I agree* to keep my scheduled appointments and to contact Aloha Nui staff within 24 hours if I am unable to keep my appointment.
5. *I agree* and understand that every effort will be made to accommodate an appointment request and if not available I will be scheduled to see another provider that day or be scheduled for another available date.
6. *I agree* to check my medications prior to each appointment and ask for refills at the time of the appointment or call the pharmacy directly for refill requests.
7. *I agree* to learn about my own health care coverage and what benefits they provide, as well as, pay my share of fees at each scheduled appointment or within less than 30days after receiving my bill
8. *I agree* & understand that my medical information may be shared with another medical professional & staff for the intended use of medical purposes ONLY, unless otherwise specified by myself.
9. *I agree* & understand that Aloha Nui DOES NOT treat chronic pain and I agree that it is SOLELY my responsibility to secure medical treatment for these issues.
10. *I agree* & understand that Aloha Nui DOES NOT routinely treat **WORKMAN COMP** injuries or **MOTOR VEHICLE** injuries and will only be treated at medical provider's discretion.
11. *I agree* & understand that that if I do not show for my appointment or if I am greater that 15 minutes late that appointment may be rescheduled and that Aloha Nui Family Practice suffers an economic loss thus I may be responsible for a \$25 fee that is not covered by medical insurance. Refusal to pay late fee will result in dismissal from Aloha Nui Family Practice.

*By signing below, I have read the following terms of this Agreement and agree to comply with the criteria listed above. I understand that myself or Aloha Nui may terminate this Agreement at any time and for any reason. I understand that Emergency Services will be provided by Aloha Nui Family Practice, 30 days from termination date.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Physician & Staff:

1. *We agree* to help manage your individual medical concerns while educating you on your own self improvement in health, preventative health care recommendations, as well as, notify you of potentially harmful test results in a timely manner.
2. *We agree* to help you with information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.
3. *We agree* to make every effort to schedule appointments to meet the individual(s) needs of our clients, as well as, make available a telephone paging system available to you after hours for emergency needs.
4. *We agree* to make every available effort to contact you if your appointment has been cancelled and will reschedule within available appointments to meet your needs.
5. *We agree* to refill non-controlled medications within 72hrs of request, excluding weekends & holidays, for client's who are compliant with medical visits.
6. *We agree* to charge each client only what is contracted with their health insurance or a reasonable fee for non-covered services.

Electronic Signature: *Providers & Staff at Aloha Nui Family Practice, LLC*