



Kīpuka o ke Ola

ADULT-CLINIC AGREEMENT (Rev 9/6/24)

Please read carefully and ask any questions prior to signing.

1. KOKO offers an array of services that you might benefit from. Currently our services include: primary care services, psychiatric medication management, behavioral health psychotherapy services, and transcranial magnetic stimulation (TMS) services. These services are subject to change.
2. We strive to provide all our treatment services within a Native Hawaiian cultural framework.
3. All services at KOKO are conducted, and/or overseen by, licensed professionals. Please know that with any physical or mental health service, there are associated risks. Your provider will let you know what the benefits and risks are of the services they provide - so that you can give informed consent to participate. You may elect to not participate in any service at any time. If the provider or service is not what you need or want, we can provide you with information on other known providers/services in the community. We cannot endorse providers/services outside of the KOKO Clinic, but will simply inform you of options that we are aware of.
4. Your Private Health Information is private and confidential with some specific limitations (examples: court mandates, health insurance directives, accreditation directives, mandated reporting requirements, and in-Clinic case reviews and consultations with other appropriate Clinic staff (Circle of Care)).

Please read the HIPAA Hawaii Notice Form (confidentiality) provided in your New Patient Packet. It has its own signature page separate from this Patient-Clinic Agreement signature page.

5. Our Clinic hours are generally as follows: Monday 8:15am-5:00pm and Tuesday-Friday 8:00am-5:00pm. Monday 8:00-8:15am we are in a staff meeting. We try to have a staff person at the front desk during lunch time (12:00pm-1:00pm), though this is not always possible. There are certain holidays and staff training and development days when the Clinic is closed. Please know that some providers are employed part-time and are therefore not seeing patients every week day. Providers are not on-call after-hours for emergencies, so please call **911** and/or go straight to the nearest emergency room if you have an emergency.

Other useful emergency numbers:

Access (suicide and crisis line) **1-800-753-6879**

National Helpline (emotional distress or suicidal crisis) **988** (will route you to local center based on your phone number area code. There are also text and chat functions.

Domestic Violence Shelters: **808-959-8864** (Hilo) and **808-322-7233** (Kona)

6. Keeping your scheduled treatment appointments is very important to getting successful health outcomes. We know there will be times you will need to reschedule an appointment. Please give more than 24 hours notice. Each provider reserves the right to terminate their provision of care to you if:

- a) frequently reschedule or cancel your appointments
- b) are chronically late to your appointment
- c) if you no-show three times.

A "no-show" is when you do not attend your treatment session and you did not call to cancel or reschedule. If you are terminated by a provider there is a provision to submit a reconsideration for reinstatement of services.

7. You will be sent reminder messages for upcoming appointments. Please confirm your appointment when you get these reminders. If you do not confirm your appointment at least 24 hours in advance, then your appointment may be given to another patient in need. If we do give the appointment to another patient we will message you.

8. Please pay attention to your appointment **ARRIVAL TIME** and your appointment **START TIME**. Both are important and may lead to your appointment being rescheduled.

A) For all new patients, **ARRIVAL TIME** is 30 minutes before appointment time with completed paperwork. The new patient intake forms must be completed and submitted 48 hrs in advance of the appointment time or you will need to be rescheduled. In addition to completed paperwork, please bring a current picture ID and current medical insurance card.

Please pay attention to your appointment **ARRIVAL TIME** and your appointment **START TIME**. Both are important and may lead to your appointment being rescheduled.

B) For all new patients, **ARRIVAL TIME** is 30 minutes before appointment time. New patient intake forms must be completed and submitted 48 hrs in advance of your appointment. Please bring a current picture ID and current medical insurance card to the first appointment.

C) For **follow up Well Child Visits**: if they are 0 to 5 years old, **MANDATORY ARRIVAL TIME** is 30 minutes before appointment time or your appointment will need to be rescheduled.

D) For **follow up Well Woman Exams** – **MANDATORY ARRIVAL TIME** is 30 minutes before appointment time or your appointment will need to be rescheduled.

E) For **follow up** appointments, **SUGGESTED ARRIVAL TIME** is 15 minutes before appointment time.

9. If you are late for your appointment START TIME:

- a) For **follow up** appointments for Primary Care, if you are more than 5 minutes late for appointment START TIME, your appointment will need to be rescheduled.
- b) For **follow up** appointments for Psychiatric Medication Management and TMS, if you are more than 10 minutes late for appointment START TIME your appointment will need to be rescheduled.
- c) For **follow up** appointments for Behavioral Health psychotherapy, 15 minutes late for appointment START TIME your appointment will need to be rescheduled.

10. The particular treatment service and the length of the treatment session determine how much each session will cost. If you have health insurance that KOKO accepts, then you will be charged the co-pay set by the insurance company and for any services not covered by your insurance. You are encouraged to contact your health insurance carrier for the specifics of your coverage, costs, and co-payments. Payment is expected at the time of service unless there is another arrangement KOKO and you have agreed upon. In cases of financial hardship, payment plans are available as sliding scale fees.

Services beyond direct treatment services are to be paid directly by client (not insurance). If you need KOKO's services for other professional services beyond the treatment services (example, report writing, treatment summaries) then you will be charged in 15 minute increments at the established hourly rate by profession.

11. Medicine refills will be called into your pharmacy within 72 hours.
12. We try to maintain good communication with our patients utilizing telephone calls, text and email messages and reminders. At times we have the ability to staff a dedicated phone operator and at times we cannot. We do ask for your patience. Please leave clear and detailed messages on our phone line as they are checked regularly and responded to within an hour if at all possible (depending on staffing and call volume). Please note: Incoming messages in late afternoon may not be received until the next day. Incoming messages in late afternoon on a Friday may not be received until the following Monday. Incoming messages on a holiday will not be received until the next open business day.

We also have a website at www.kipukaokeola.com and have our Clinic page on Facebook and Instagram. These are information only sites and not a place to connect with KOKO staff about your care, records, or appointments.

13. If you have a need behavioral health psychotherapy records - we will provide a Brief Clinical Summary. This is to protect the patient from information that may reflect unfavorably on the patient from being reported in written form. If you want the summary provided to someone besides yourself, you must sign a consent to release information form.
14. We do not provide new clients with Workmen's Compensation evaluations, Supplemental Security Insurance assessments, or Child Custody evaluations.
15. Please do not subpoena providers and treatment records for any Court proceedings. If a provider does get subpoenaed, we will try to squash (block) the subpoena. If you do become involved in

legal proceedings that mandate a provider's participation, you will be expected to pay for their professional time.

16. There are situations where two parental signatures are necessary for a child to receive treatment.
17. Providers are mandated reporters and must report any indications that child abuse and neglect may have occurred; or if a client presents as suicidal or homicidal.
18. If you want some or all of your medical records released to another party, please complete a Release of Information form.
19. If you choose to transfer care, we will have you complete a Transfer of Care form so we can provide your new provider(s) with your medical record.
20. KOKO providers and support staff will treat you with respect at all times. We ask that you do the same. If you are disrespectful to the KOKO staff, you may get a warning or, depending on the severity or the frequency, be terminated as a patient. If you have a concern or issue please do inform the staff. If they are unable to address it, they may offer for you to speak to a provider, supervisor, or management team member. There are times we cannot address an issue at the time of your complaint - but we will definitely get it to someone who can as quickly as possible. Please understand that it may take a business day to do so. If you do not get resolution and you wish to file a formal complaint - the Front Desk staff will provide you the Patient Complaint form to complete. This will go to the KOKO Compliance Officer. The complaint will be investigated within five open work days. The Compliance Officer will contact appropriate Clinic leadership of the complaint. By the sixth open business day, you will receive a response from the Compliance Officer with the outcome of the investigation. If you are dissatisfied with the outcome, you may file a complaint with our Federal Accreditor - The Compliance Team via their website at www.thecomplianceteam.org or via phone at 1-888-291-5353.

Please check this box to allow KOKO to send appointment reminders and other communications via texting through our confidential electronic health record system (Tebra).

I, _____ (print name), have read and fully understand the above items and I agree to abide by them as conditions of receiving services at KOKO.

Signature _____ Date _____