



KE OLA MAMO CLIENT / PATIENT RIGHTS AND RESPONSIBILITIES

As a Client / Patient of Ke Ola Mamo it is important for you to understand your basic Client / Patient rights.

Your rights:

- To be served in a manner which preserves sensitivity to different cultural beliefs and to different treatment practices.
- To be fully informed about Ke Ola Mamo programs.
- To be fully informed in advance of any charges involved with my care.
- To receive information on services, providers, and options in a respectful manner and in a language that I can easily understand.
- To participate in the development of a personal plan of care, including establishing personal goals.
- To be referred to other available services pertinent to my needs.
- To refuse all or part of the services provided and withdraw at any time, without discrimination, reprisal, or interruption of other services.
- To be given advance notice of the organization's decisions regarding my discharge or transition, except in an involuntary or administrative discharge.

Your responsibility:

I must:

- Be considerate and respectful of all staff and fellow clients.
- Cooperate with staff by informing them about my health care needs and concerns.
- Ask questions if I am uncertain or do not understand something.
- Make good faith efforts to meet financial obligations to Ke Ola Mamo.

As a Client / Patient of Ke Ola Mamo Clinic it is important for you to understand your responsibility:

Each time you visit one of our providers you will be asked to provide:

- A current government issued identification card (i.e., State of Hawaii Drivers License, State ID, etc.), and a
- Current insurance identification card.

At the time of the appointment you will be asked to:

- Complete and sign a form indicating whether you have other health insurance.
- Update your information every six months or whenever coverage changes.

If you are Uninsured:

- Your share of the cost will be determined based on your family size and income.

If you are Insured:

- Ke Ola Mamo will submit claims to your insurance company. As a result your insurance company may require us to collect a co-payment at the time of your appointment.

We will work with you should you be unable to pay your entire share. If you have any questions or concerns about your share of cost, please ask when you enroll or make a medical appointment.

Acknowledgement of Receipt of Client / Patient Responsibilities

Ke Ola Mamo will request that you sign a separate form acknowledging that you have received a copy of the Client / Patient Responsibilities. This acknowledgement will be filed in your records.