



**BRYAN MIH, MD, MPH, FAAP**

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## OFFICE RULES AND REGULATIONS

**Effective Date: January 1, 2026**

Please review the rules and regulations of our Practice so that we can provide the best care for your children. A copy of the Office Rules and Regulations will be available for viewing in our office, and may be obtained upon request.

### 1. Vaccination Policy

Our practice requires patients to adhere to the recommended AAP immunization schedule for ages 0-18 years. We strongly advise the yearly influenza vaccine. ***We do not accept families who are unwilling to vaccinate. We do not accept alternative, modified, split, or delayed vaccine schedules.***

### 2. Newborn Policy: Vitamin K & Hepatitis B Vaccine Requirement

Our practice requires newborn infants to receive Vitamin K injection within the first 3 hours of birth. This is to prevent vitamin K deficiency bleeding which frequently can result in bleeding into the brain.

### 3. Appointment Policy

- A. **Scheduling.** Schedule an appointment by emailing [staff@doctormih.com](mailto:staff@doctormih.com) or calling (808) 941-7744 so that your child can be seen in a timely manner.
- B. **Arrive early.** Please arrive 10 minutes prior to appointment time so that we can update any changes to your insurance information. New patients or transferring patients should arrive 15 minutes prior to their appointment time so that we can input new patient information into our system.
- C. **What to bring.** Bring your insurance information to each visit. It is your responsibility to notify staff if any insurance or contact information has changed.
- D. **Late arrivals.** If you arrive 15 minutes after your scheduled appointment, a **no-show fee of \$50** will apply (see No-Show Policy).
- E. **Canceling appointments.** If you are unable to make the appointment, we ask that you **notify us 2 days in advance** to avoid a no-show fee (see No-Show Policy).
- F. **No walk-in visits or add-on visits.** All visits are by appointment only. Sick visits can be scheduled by calling the office and patients will be offered available appointment times within the normal business hours and on a first come first served basis.

- a. If a sibling also needs to be seen, please call ahead to make an appointment. This helps ensure that we stay on schedule and are able to see all patients in a timely manner.
- b. If you require additional time to discuss problems, please notify us in advance when making the appointment.
- c. Significant problems in addition to a well child checkup may require separate visits, per our discretion.
- d. If we are making special schedule accommodations, please be aware that previously scheduled appointments have priority with seeing Dr. Mih.

**G. Urgent issues causing delays.** Urgent needs may need to receive our immediate attention and may set us behind in our schedule. Thank you for your understanding.

**H. Keep noise level to a minimum.** As a courtesy to other patients and the staff, we ask that the use of cellular phones and other electronics in the waiting room and patient rooms be kept to a minimum. We reserve the right to ask that electronics be turned off completely if necessary.

**I. Fragrance-free zone.** Scented products contain chemicals that can trigger or worsen health conditions including but not limited to allergies, asthma, migraines, and other respiratory disorders. For the safety of those with chemical sensitivities, please refrain from the use of scented products such as perfume, cologne, body spray, strongly scented lotion, or other scented products.

**J. Trash.** Please dispose of any food or soiled diapers outside the office.

#### 4. No-Show Policy

In order to better serve all our patients, we ask that you notify us **48 hours in advance** if you need to cancel your appointment. **Failure to keep or cancel a scheduled appointment will be subject to a no-show fee of \$50.** This fee will be owed by the patient at their next scheduled visit. If there are three or more "No Show" appointments, your relationship with our practice may be terminated and we will send you a final bill for any outstanding balances.

#### 5. Financial Obligations and Co-Payments

You are responsible for your bill or co-payment at the time of services rendered. We ask that you make your payments to our Practice in a timely manner. **Late payments and bounced checks are subject to a fee of \$50 for each occurrence.** If you have insurance, please bring your insurance card to each visit. Be familiar with the specificity of your coverage, exclusions, deductibles and co-payments for sick and well child care visits. We must stress that financial responsibility for our service rests with the patient and his/her family, regardless of any insurance coverage. Please contact your carrier regarding coverage questions.

You are responsible for informing our office of any changes in insurance, address, or contact information. If your insurance is found to be inactive at the time of service, self-pay charges will be applied to your accounts.

***We accept cash, check, and credit card payments (in office or online at [doctormih.com](http://doctormih.com)).***

#### 6. Prescription Refills and Specialist Referrals.

Requests for prescription refills and referrals may be called in to our office during normal business hours. We ask for at least **5 working days** to process these requests, although most requests will be processed in less time. When requesting referrals please have the following information ready before calling our office:

- a. Patient's Name
- b. Patient's Date of Birth

- c. Insurance Company Name
- d. Patient's Insurance ID Number
- e. Specialist's Name (if applicable)
- f. Specialist's Phone and Fax Number (if applicable)
- g. Appointment Date and Time with Specialist (if applicable)

## 7. Record Release Policy

If you require a copy of your child's medical records, a signed record release form must be completed with our office. Medical records can be picked up from our office during normal business hours.

### A. Medical Records

- Print. We can print a full copy of a patient's medical record for a \$100 fee.
- Electronic transmission. We will transmit records if the requesting organization has a system that is compatible with our electronic medical records. Otherwise, we will send via fax the most recent 2 years of medical records, up to 10 encounters. No fee.

**B. Schools Forms/Letters and Vaccination Records.** Requests for school forms and letters such as Form 14, sports physical forms, and excuse letters may be called in to our office during normal business hours. We ask for at least 5 working days to process these requests, although most requests will be processed in less time. Please call our office before coming to pick up the requested documents to verify they are ready for pick up.

- a. ***No charge for forms if brought to the regular well child visit, and they will be completed at that visit.***
- b. ***No charge for forms that allow for 5 working days to process.***
- c. ***Urgent requests for forms will be accommodated on a case by case basis. Please understand that our staff's priority is caring for patients who have scheduled appointments and are being seen in the office.***
  - i. If the forms are needed in **2 business days**, then a **\$50 fee** will be charged for each form.
  - ii. If the forms are needed by **the next business day**, then a **\$75 fee** will be charged for each form.
  - iii. Any requests for forms needed on the **same business day** will incur a **\$1500 charge** for each form.

## 8. Communications

We will discuss assessment and plan with the person who accompanies the patient to the office. This information will not be repeated.

## 9. Separation, divorce, family disagreements

We understand that relationships may change over time. We expect adults to act with civility and cooperation in relation to their child's medical care. We reserve the right to discharge any families that are unable to maintain a respectful relationship.

## 10. General Office Policy

We will try our best to help every patient that comes into our office. We make every effort to answer questions, fulfill requests and make your visit with our office as comfortable as possible. Due to

emergencies and/or unforeseen circumstances we may run behind schedule. We request your patience, courtesy, and understanding.

If for any reason, we feel that you are acting in a disrespectful manner towards the Staff or anyone else present in the office we will discuss the matter with you and make a note in your record. If such incidents occur, we reserve the right to request that you find another physician.

Any threatening behavior, activity, or statements towards the Staff or other patients will result in immediate dismissal from the practice.