



BRYAN MIH, MD, MPH, FAAP

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OFFICE RULES AND REGULATIONS

Effective Date: October 1, 2020

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 CDC 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 or delayed vaccine schedules.***

2. Appointment Policy

- A. **Scheduling.** Schedule an appointment by calling (808) 941-7744, or sending an email to staff@doctormih.com (this is a HIPAA secure & encrypted email account), so that your child can be seen in a timely manner.
- B. **Arrive early.** Please arrive 5 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 10 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 48 hours 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 Dr. Mih's discretion.
- d. If we are making special schedule accommodations, please be aware that previously scheduled appointments have priority with seeing Dr. Mih.

G. Urgent schedule changes. 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, strongly scented lotion, or other scented products.

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

3. 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 \$50.00.** This fee will be owed by the patient before 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.

4. 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, via phone or online at <https://www.doctormih.com>).

As of January 1, 2020, we have implemented the credit card on file policy.

5. Prescription Refills and Specialist Referrals.

Requests for prescription refills and referrals may be called in to our office during normal business hours or sent via secure email to staff@doctormih.com. We ask for at least **2 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)

6. 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 or contact us via secure email at staff@doctormih.com. We ask for at least **5 working days** to process these requests, although most requests will be processed in less time. Please call or email 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 **2-3 business days**, then a **\$25 fee** will be charged for each form.
 - ii. If the forms are needed by **the next business day**, then a **\$50 fee** will be charged for each form.
 - iii. Any requests for forms needed on the **same business day** will incur a **\$75 charge** for each form.

7. 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.

Please coordinate all questions and issues among parents/guardians/caregivers **before** coming to the office.

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.

If you feel the Practice is not a good fit for you, please let us know as soon as possible so we can transition care appropriately to another qualified physician.

8. Dismissal from the Practice

We request your courtesy in communicating with the Practice, showing up to scheduled appointments on time, being respectful, following office rules, and meeting your financial responsibilities.

We reserve the right of dismissal for the following:

- Refusal to vaccinate according to CDC recommended schedule.
- Refusal to provide Vitamin K injection to a newborn.
- Three total missed appointments or late appointments without 48 hour notification.
- No response to communications from the Practice after at least 3 attempts made.
- Unpaid statements over 90 days.
- Noncompliance with standard recommended medical treatment or plan.
- Noncompliance with infection control measures, such as appropriate wearing of face masks
- Lying or withholding pertinent information on any infectious disease screening questionnaire
- Criminal activity; threatening or disrespectful behavior (see below).

Any threatening behavior, activity, or statements towards the Staff or other patients will result in **immediate dismissal** from the practice and appropriate safety measures including possible involvement of building security or law enforcement. This includes but is not limited to threats of physical harm, threats against family members, threats of property damage, threats of damage to the Practice or Staff's reputation and goodwill, any hate speech, or other threatening or accusatory language.

9. Prevention of the spread of infectious disease (such as COVID-19)

Compliance with current public health measures is mandatory to prevent the spread of infectious disease. This is for your safety, the safety of other patients, and the safety of our Staff. These measures may be subject to change but information will be posted or communicated prior to your appointments.

Currently everyone who enters our office must wear protective face masks made of appropriate material that fully cover the nose and mouth. Masks with exhalation valves are not allowed. Neck gaiters and bandanas are not allowed. Removal of the mask or incorrect wearing (not covering both nose and mouth continuously and simultaneously) is not permitted. Exceptions are only permitted for children under 2 years of age and children with significant developmental disability, or as instructed by Dr. Mih. No exceptions will be made for adults.

Intentional or repeated noncompliance will result in cancellation of the appointment and immediate dismissal from the Practice.