



Urgent Care Hawaii

where amazing healthcare happens

US MED URGENT CARE

1245 Kuala St. Pearl City, HI 96782 | 808.456.CARE (2273)

PATIENT ACKNOWLEDGEMENTS

Emergencies: Our clinics are NOT emergency centers. If you are having a medical emergency, please call 911. If you show up at our clinic and your situation is an emergency, we will call 911 and have an ambulance take you to the emergency room. You will not be charged for your visit with us. However, if you have been checked-in and been triaged and our provider has determined you have an emergency, we will call 911 and have an ambulance take you to the nearest hospital of your choice. In this event, you will be charged for your visit with us. If you refuse to take an ambulance or refuse to go to the hospital, we will have you sign a waiver Against Medical Advice (AMA). I understand that NOT all medical services are available or performed at US Med Urgent Care facilities.

Disclosure: I agree to provide all necessary information related to my healthcare needs that may affect the treatment I may receive, including but not limited to: past medical history, past and current medications, and current medical issues. I understand that if I do not provide all necessary information pertaining to my current health, that I will not hold the providers or other employees of US Med Urgent Care liable for any adverse reactions I may suffer or incur.

Preexisting Conditions: We will only address the medical problem that you present at the time you enter the center. It is your responsibility to follow up with your primary care physician for chronic illnesses. We do not have access to your medical records, prior labs and other information and will only have access to the information you report to us during your visit. I understand that you do not treat and manage chronic pain and do not treat migraine headaches with narcotics. I understand that if I'm seeking a physical exam (e.g., fitness for duty, school, or sports) and other related services that they are not intended to diagnose medical conditions or replace the medical care of my personal physician.

Print Patient Name: _____

Date: _____

Guarantor's Print Name: _____

Patient/Guarantor Signature: _____