



PATIENT PERSONAL HEALTH RESPONSIBILITY

Thank you for choosing HovaCare Clinic as your healthcare provider. We are committed to providing you with the highest quality healthcare service. We also ask that you take some responsibility for your overall healthcare so that, together, we can achieve the best possible outcome in your health care. We ask that you read and sign this form to acknowledge your understanding of your personal health responsibilities.

Patient Personal Health Responsibilities

- Schedule follow -up office appointments as recommended by your doctor.
- If unable to make an appointment, call to reschedule.
- Generally, your doctor will schedule a 3 months follow up if your condition is stable. Earlier visits may be needed as determined by your doctor
- Do all test recommended by your doctor.
- Schedule an appointment to follow up the result of your test so you can ask all questions, as your doctor may need to make adjustment to your care based on the results. The doctor does not give information over the phone so kindly come for follow up as scheduled as you may have a serious condition on your results.
- If your test needs approval by your insurance, call the office to confirm if it has been approved.
- If referred to a specialist, you are responsible for calling to make appointment with your referral specialist as soon as possible. Kindly ask your specialist to fax us a copy of your encounter for care coordination.
- Take your medications as recommended by your doctor.
- Do not wait till your pill bottles is empty before getting a refill prescription.
- Ask your pharmacy to send electronic refill request to your doctor.
- If your insurance will not pay for a medication or it's too expensive, please let your doctor know immediately.
- If it has been over 6 months since you saw your doctor, it is highly recommended you call us to schedule appointment for check- up, clinical re-evaluation, and to get your medications refilled. We offer same day and next day appointments for your convenience.
- Follow your doctor's health instructions. If unclear, please ask to clarify.
- Follow exercise and healthy diet as recommended by your doctor
- Perform annual preventive check-up. Don't wait till a damage has been done!
- By my signature below, I confirm that I have read and will abide with the responsibilities above.

Patient Name _____

Patient Guardian (if minor)Name _____

Patient/Patient Guardian (if minor)Signature _____

Date _____