

III. Description of the alleged malpractice (attach additional pages if necessary):

A. When did it happen?

B. How did it happen?

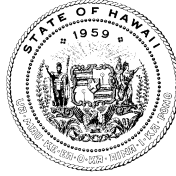
C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?)

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

DATED: _____, Hawai'i, _____.
(County) (Date)

Signature

Daytime telephone number



MEDICAL CLAIMS CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of

MCCP No. _____

CERTIFICATE OF CONSULTATION

Claimant(s),

vs.

Respondent(s)

CERTIFICATE OF CONSULTATION

Pursuant to Hawai'i Revised Statutes §671-12.5, the undersigned Claimant or Claimant's attorney, hereby certifies that (*check the one appropriate box below*):

<input type="checkbox"/>	<p><i>Consultation with Physician in the Same Medical Specialty</i></p> <p>I have consulted with at least one physician who is licensed to practice in the State of Hawai'i or in another state, and who is knowledgeable or experienced in the same medical specialty as the health care professional against whom the above-captioned claim is being made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing the above-captioned claim; <u>or</u></p>
<input type="checkbox"/>	<p><i>Consultation with Physician in a Related Medical Specialty</i></p> <p>I was not able to consult with a physician in the same medical specialty as the health care professional against whom the above-captioned claim is being made, and instead, I consulted with a physician who is licensed to practice in the State of Hawai'i or in another state, and who is knowledgeable and experienced in a medical specialty that is as closely related as practicable to the medical specialty of the health care professional against whom the above-captioned claim is being made, and that I have concluded on the basis of such consultation that there is a reasonable and meritorious cause for filing the above-captioned claim; <u>or</u></p>

<input type="checkbox"/>	<p><i>Not Able to Obtain a Consultation</i></p> <p>I was not able to obtain the required consultation after I had made a good faith attempt to obtain such consultation and the physician contacted would not agree to such a consultation; <u>or</u></p>
<input type="checkbox"/>	<p><i>Consultation Not Required -Claim Based Soley Upon Informed Consent</i></p> <p>I intend to rely solely on the failure to inform the Claimant(s) of the consequences of a procedure (informed consent), for that reason I am not required to file a certificate as required by this section; <u>or</u></p>
<input type="checkbox"/>	<p><i>Deferral Based Upon a Statute of Limtiations</i></p> <p>I was not able to obtain the required consultation because a statute of limitations would impair the action and that the required certificate of consultation could not be obtained before the impairment of the action. I will file the required certificate of consultation within ninety (90) days after filing the above-captioned claim. <u>I understand and acknowledge that if I do not file a certificate of consultation within ninety (90) days from the filing of this deferral, my claim will be dismissed as of the date I filed the above-captioned claim.</u></p>

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that the Medical Claims Conciliation Panel may require me to disclose the name of any physician consulted to fulfill the requirements of Hawai`i Revised Statutes §671-12.5(a), and that the Medical Claims Conciliation Panel may contact the physician that I consulted to verify the information stated above. I also understand and acknowledge that if the information I have provided above is determined to be untruthful or inaccurate, ***my claim will be dismissed as of the date I filed the above-captioned claim***, in addition to any other sanctions that may be imposed.

DATED: Honolulu, Hawai`i,_____.

Signature

I am the:

Claimant, or

Attorney for the Claimant