

# Cultivate Mental Health & Wellness, LLC

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## Hawaii State Law

I acknowledge that Hawaii State Law requires (mandates) and designates all Physicians, Psychologists, Behavioral Health Counselors, Case Managers, Clinicians, Medical Assistants or Technicians, to report any suspected or reason to suspect cases of domestic violence and abuse to include all ages (child or adult) to the proper authorities as deemed necessary in behalf of the interested persons to protect their legal rights.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Responsible Party (if patient is a minor): \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_