



## Dokta Blong Mi Partners Agreement

This contract is an agreement between Dokta Blong Mi (a medical practice in Port Vila, Efate, Vanuatu), Matthew J. Cornish, MD (physician) and you (parents and children in your family) and will be effective as of the \_\_\_ day of \_\_\_\_\_, 20\_\_.

1. **Background.** Dr. Matthew J. Cornish (Dokta Matt, Dr. Cornish) operates a subscription-based medical practice in Port Vila, Vanuatu called Dokta Blong Mi (DBM). This agreement outlines the commitments and expectations of both parties.
2. **Mission.** The mission of Dokta Blong Mi is two-fold. First, to provide the best medical care possible to all DBM subscribers. Second, to support Dokta Matt in on-going building of medical capacity in Vanuatu.
3. **Family Members** (Names and Dates of Birth)
  - A. Child 1 \_\_\_\_\_
  - B. Child 2 (Participating Yes/No) \_\_\_\_\_
  - C. Child 3 (Participating Yes/No) \_\_\_\_\_
  - D. Child 4 (Participating Yes/No) \_\_\_\_\_
  - E. Parent 1 (Participating Yes/No) \_\_\_\_\_
  - F. Parent 2 (Participating Yes/No) \_\_\_\_\_
  - G. Participation of parents is wholly optional. Care provided parents and other adult family members will be limited to medical problems common to children (such as injuries and illnesses). Parents will not receive care from Dokta Matt for problems more unique to adults (such as heart attack, stroke, NCD management), thus assuring Dokta Matt will practice within the scope of his specialty. The offer to provide this level of care to parents is offered as a convenience and is not required for participation of children.
4. **Services.**
  - A. Routine Well Child Care. Age-based assessments and recommendations will be provided according to ideal practice standards. These are strongly encouraged as many problems can be prevented this way.
  - B. Home visits. Dokta Matt will come to your home at your scheduled convenience. It is the responsibility of the Partners Family to assure the safety of Dokta Matt as well as any others present while in your home. At least one adult will need to be on-site when any care is being delivered at your home.
  - C. Emergency care. Available both at home and potentially at the location of an accident or injury. However, if an emergency is out of the constraints of what Dokta Matt is able to provide at that moment, subscribers are expected to seek alternate care immediately. The use of ProMedical is encouraged and all efforts will be made to coordinate care with ProMedical according to circumstances.

- D. Visit Summaries. Each visit will include an emailed summary with key findings and recommendations. These will serve as roadmaps as you and Dokta Matt work through challenges together.
  - E. Inpatient care is offered and is subject to any restrictions that variably may exist at Vila Central Hospital or elsewhere.
  - F. Routine supplies. (such as medications, bandages, sutures, splints) up to 10% of the value of each Partners subscription.
  - G. Telemedicine consultation.
  - H. Email and phone access.
  - I. Same day/next day appointments
  - J. Visitor Care. Family members temporarily visiting DBM Partners Families are eligible for fee-for-service care for up to a four week period. Anticipate the fees to start between 7,000 vatu and 12,000 vatu.
5. **Services Not-Covered:**
- A. Practice outside of Dokta Matt's scope of training or accessibility.
  - B. Evacuation coverage.
  - C. Ambulance or EMS service.
  - D. Therapy (mental health, behavioral, physiotherapy, etc).
  - E. Obstetrical care.
  - F. Chronic pain management.
6. **Expectations.**
- A. Dokta Matt.
    - I. To maintain proper priorities: His family, Your Family, Children of Vanuatu.
    - II. To deliver the best medical care possible.
    - III. To communicate clearly, in person and in writing.
    - IV. To limit the number of participants, prioritizing the needs of subscribers first.
    - V. To coordinate with other medical providers, in Vanuatu and abroad.
    - VI. During a four week annual home leave to the US and any other brief times away from Port Vila, to provide care for all DBM subscribers in whatever ways may be reasonable (including telemedicine support, coordination with local care, email support, etc.). Subscribing families may have the option instead to pause their subscription and resume on Dokta Matt's return.
  - B. Partner Families.
    - I. To support both missions of DBM as stated above.
    - II. To inform Dokta Matt of needs and changes, medically and otherwise.
    - III. To work together with Dokta Matt for the good of your family.
    - IV. To pay for any additional expenses outside of what DBM provides.
7. **Scheduling and Triage.** Preventive Care and other non-urgent care should be scheduled ahead of time. This will primarily be provided Monday through Friday. Any urgent care will be delivered immediately, limited by the principle of triage, eg. Children in (or circumstances of) greatest need will receive care first.



8. **Communication.** All safe forms of communication are encouraged. Email is especially encouraged for non-urgent use. Calls for urgent needs. Text is also available for convenience. Video apps such as WhatsApp and MarcoPolo can be very helpful. Facebook is not to be used for any clinical care. Dr. Cornish will strive to keep all communications secure and private within good practice and the inherent risks and restrictions of each modality.
9. **Telemedicine.**
- A. Accessibility. Within the constraints of technology and scheduling, Dokta Matt will endeavor to be available for video consultation.
  - B. Accuracy and Safety. There are limits to diagnostic accuracy with remote care. Whenever possible or necessary, care should be provided in-person. Both you and Dokta Matt must take extra care to work within the constraints telemedicine offers.
  - C. Limitations of local jurisdictions. Telemedicine support may be limited by local laws and should not be requested when such restrictions exist.
10. **Consent for Treatment.** This contract serves as consent to provide all care deemed medically necessary by the medical decision maker (parent/guardian). Especially in the case of an emergency, additional consent will not be required.
11. **Photo Use.** You give permission for any photos taken during the course of delivering care to you, the subscriber(s), to be used for teaching, instructional, research purposes unless otherwise expressed in writing. Use in DBM promotional materials can occur with verbal consent.
12. **Electronic Health Record.**
- A. Security. Dokta Matt will take all reasonable available measures to keep DBM subscriber information private and secure.
  - B. Access to Records. You will be provided access to all medical records kept on behalf of your family upon request.
13. **Fees.** Typical subscription fee per month is 25,000 vatu for an individual or 50,000 vatu per family with a 3 month minimum.
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|--|-----------------------|
| One Child.....                               | 75,000 vatu/3 months  |
| Family (up to 2 parents and 4 children)..... | 150,000 vatu/3 months |
- Additional discounts may apply. The Partner Plan typically has no additional fees up to 10% of the cost paid. In the unusual case that fees must apply, they would be addressed prior to the service.
- The total fee with this contract is \_\_\_\_\_ vatu for \_\_\_\_\_ months.
14. **Insurance.** DBM is not a form of insurance. We believe that DBM will provide an incomparable level of security. However, you are encouraged to maintain health insurance, including evacuation insurance as appropriate. Expect that DBM subscription fees will not be covered by your insurance policies.
15. **Liability.** Dr. Cornish will provide medical care according to professional guidelines. Given the setting of care (in a developing country), adaptations will need to be made. Partners understand that, given the setting, it is not expected that outcomes will be identical to settings with ideal resources. Nonetheless, Dokta Matt will do all in his power to provide the very best possible care within the limitations.



16. **Intellectual Property.** Any material developed by Dokta Matt or used under license will be considered intellectual property and is not to be distributed to others without written permission.
17. **Supervening Circumstances.** Dokta Matt will make every reasonable effort to provide the care described herein. However, he will not be held in violation of this contract if supervening circumstances prevent the discharge of his responsibilities. Examples of such circumstances could include severe weather, earthquakes, strikes or labor unrest, political unrest, violence or threat of violence, war, government action or inaction, or any other circumstance not within reasonable control.
18. **Contract Termination.** This contract will remain in place for \_\_\_\_\_ months from the date of payment of the agreed upon fees. It will renew automatically at contract termination unless either party gives prior notice to the contrary. Amendments to the contract may apply. Once the renewal fee is submitted and accepted, this contract can proceed for periods of up to twelve months unless otherwise agreed upon in writing. Premature contract termination may occur if either party is not maintaining the agreements of this contract. Partial or full refunds will be at the discretion of Dokta Matt and Dokta Blong Mi according to circumstances.
19. **Amendments.** Amendments or addenda to this contract are binding with the signature of Dr. Cornish and one of the subscribers listed below.
20. **Severability.** If any portion of this contract is deemed not legally binding, the remainder of the contract will remain in place.
21. **Dispute Resolution.** Both parties agree to resolve disputes respectfully without disparaging the other. In the event that there are major differences in opinion, we agree to engage an arbitrator rather than pursuing legal action. Arbitration can be informal with a disinterested third party or formal with a professional.

Parent/Legal Representative Name \_\_\_\_\_  
 Parent/Legal Representative Signature \_\_\_\_\_  
 Relationship to Patient(s) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address (GPS preferred) \_\_\_\_\_  
 Date \_\_\_\_\_

Parent/Legal Representative Name \_\_\_\_\_  
 Parent/Legal Representative Signature \_\_\_\_\_  
 Relationship to Patient(s) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Date \_\_\_\_\_

Dokta Blong Mi Representative \_\_\_\_\_ Matthew J. Cornish, MD, FAAP



Signature \_\_\_\_\_

Date \_\_\_\_\_

Version: 1 Oct 2019

