

LAWRENCE INTERNAL MEDICINE, P. A.  
1440 Wakarusa Drive, Suite 300 Lawrence, KS 66049  
785-842-7200

**PATIENT INFORMATION**

Please print clearly.

\_\_\_\_\_/\_\_\_\_\_  
First Name Last Name

**Changes in federal government guidelines require us to ask you the following questions:**

What is your gender?  Male  Female  Other

What is your race? \_\_\_\_\_ What is your preferred language? \_\_\_\_\_

What is your ethnicity?  Hispanic/Latino  Not Hispanic/Latino

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Social Security Number Marital Status

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address City State Zip Code

(\_\_\_\_\_)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

\_\_\_\_\_  
(e-mail address)

Where can we leave phone messages?  Home  Work  Cell

Employment Status: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Retired \_\_\_\_ Not Employed

Billing Method: \_\_\_\_ Bill to Insurance \_\_\_\_ Private Pay

**Responsible Party: (name of person who carries your insurance or person responsible for your bill)**

**Complete only if you are not the responsible party.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name Last Name Relationship to patient DOB

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address City State Zip Code

(\_\_\_\_\_)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

\_\_\_\_\_  
Patient Signature Date

**LAWRENCE INTERNAL MEDICINE, P. A.  
AUTHORIZATION OR REVOCATION  
FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**AUTHORIZATION**

I hereby authorize Lawrence Internal Medicine, P. A. to use and disclose any or all of my health information with the following individuals: (It is not necessary to include other physicians).

Name: \_\_\_\_\_ Relationship: SPOUSE/SIGNIFICANT OTHER Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

The information used or disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws.

This authorization does not expire. I understand I have the right to revoke this authorization in writing except to the extent Lawrence Internal Medicine, P. A. has taken action or has relied upon the authorization. This authorization must be revoked in writing.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVOCATION**

I hereby revoke the use and disclosure of any or all of my health information by Lawrence Internal Medicine, P. A. to the following individuals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

This revocation does not expire. I understand this revocation is subject to Lawrence Internal Medicine, P. A.'s Privacy Policy HIPAA Privacy Notice, specifically where my health information may be disclosed without my consent. I understand this revocation may be reversed only with written authorization from me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lawrence Internal Medicine, P. A.  
Financial Policy**

Lawrence Internal Medicine, P.A. reserves the right to collect payment in full prior to delivery of service. Payments can be made in the form of cash, check, money order, or the use of Mastercard, Visa, or Discover.

In compliance with contracted insurance companies, Lawrence Internal Medicine, P. A. requires co-payments be paid in full at the time of service. If, upon your third consecutive visit at which you are unable to pay your co-pay, you will be asked to reschedule your appointment until such time that you can pay your co-pay or your physicians' next available appointment, whichever is soonest. Lawrence Internal Medicine, P. A. reserves the right to notify your insurance carrier of your failure to meet this obligation.

Lawrence Internal Medicine, P. A. requires a minimum payment of \$145.00 from individuals without insurance coverage at the time of check in. As Lawrence Internal Medicine, P. A. will not know your final bill until the physician and any ancillary services have completed documentation, you will be billed for any remaining balance.

Lawrence Internal Medicine, P.A. will utilize the services of a collection agency in the event of non-payment for services rendered. Lawrence Internal Medicine, P.A. will assess an administrative fee of 35% of your outstanding balance in the event the services of a collection agency are required to settle your debt.

Lawrence Internal Medicine, P.A. will process insurance claims. Once an insurance claim has been processed, any account balance is the patient's responsibility. Account balances must be paid in full within 30 days. Account balances of 30 days and greater with no payment activity will be sent to collections. In the event of financial hardship, payment arrangements can be made with Lawrence Internal Medicine, P.A.'s billing department. In the event your account is sent to collections, Lawrence Internal Medicine, P. A. reserves the right to notify your insurance carrier of your failure to meet this obligation.

Lawrence Internal Medicine, P.A. reserves the right to charge a fee for late cancellation of an appointment if notified less than twenty-four hours prior to the appointment time. The late cancellation fee is \$50.00 and is the patient's responsibility. Lawrence Internal Medicine, P.A. reserves the right to charge a fee to the patient who does not show up for an appointment. The no-show fee is \$50.00 and is the patient's responsibility.

Lawrence Internal Medicine, P.A. charges a \$60.00 fee for returned checks.

Lawrence Internal Medicine, P.A. reserves the right to charge for Physician/Patient and Nurse/Patient phone calls and/or electronic messaging at a level commensurate with an office visit. In the event your insurance company does not cover telemedicine, you will be held responsible for this bill.

I understand there are services and/or procedures my physician may recommend which my insurance company may consider a non-covered service and/or procedure. I understand I will be responsible for payment of non-covered services and/or procedures. Lawrence Internal Medicine, P. A. will make a reasonable attempt to inform you of such non-covered services and/or procedures prior to services being rendered, so that you can make an informed decision as to whether to proceed with such non-covered services and/or procedures.

I have read and understand the Financial Policy set out by Lawrence Internal Medicine, P. A.

\_\_\_\_\_  
Patient/Guarantor's Signature

\_\_\_\_\_  
Date

LAWRENCE INTERNAL MEDICINE, P. A.  
1440 Wakarusa Dr., Ste 300  
Lawrence, KS 66049-3879  
785-842-7200  
TIN # 481107301

LEGAL IRREVOCABLE ASSIGNMENT OF BENEFITS AND RELEASE OF  
MEDICAL AND SUMMARY PLAN DOCUMENTS

Patient Name: \_\_\_\_\_ Patient SS#: \_\_\_\_\_

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

In considering the amount of expenses to be incurred, I \_\_\_\_\_,  
the undersigned, have insurance and/or employee health care benefits coverage with

\_\_\_\_\_ (insurance company name), and hereby irrevocably  
assign and convey directly to LAWRENCE INTERNAL MEDICINE, P. A. (hereafter "LIMPA") all right,  
title and interest in all medical benefits payable and/or insurance reimbursement, if any, otherwise  
payable to me for services rendered from LIMPA. Said irrevocable assignment and transfer shall be for  
the purposes of granting LIMPA an independent right of recovery against such responsible parties, but  
shall not be construed to be an obligation of LIMPA to pursue any such right to recovery. I hereby  
authorize all responsible parties to pay directly to LIMPA all benefits and amount due for services  
rendered by LIMPA.

I understand that if LIMPA is not paid in full by proceeds for any benefits, then this assignment does not  
release my obligation and liability to LIMPA for payment and all services and items provided to me or by  
my insurance company or employee health benefit plan, then I agree to pay LIMPA for all charges in  
excess of benefits paid. All payments will be made to LIMPA at 3310 Clinton Parkway Court,  
Lawrence, KS 66047.

I understand that I am financially responsible for all charges regardless of any applicable insurance or  
benefit payments. I hereby authorize LIMPA to release all medical information necessary to process  
this claim. I hereby authorize any plan administrator or fiduciary, insurer and my attorney to release to  
LIMPA any and all summary plan documents, insurance policy and/or settlement information upon  
written request from LIMPA in order to claim such medical benefits, reimbursement or any applicable  
remedies. I authorize the use of this signature on all my insurance and/or employee health benefits  
claim submissions.

I hereby convey to LIMPA to the full extent permissible under the law and under any applicable  
insurance policies and/or employee health care plan any claim, chosen action, or the right I may have  
to such insurance and/or employee health care benefits coverage under any applicable insurance  
policies and/or employee health care plan with respect to medical expenses incurred as a result of

medical services I received from LIMPA and to the extent permissible under law to claim such benefits, insurance reimbursement and any applicable remedies. Further, in response to any reasonable request for cooperation, I agree to cooperate with LIMPA in any attempts by LIMPA to pursue such claim, chosen action or right against insurers and/or employee health care plan, including, if necessary, bring suit with LIMPA against any insurers and/or employee health care plan in my name but at LIMPA's expense.

This lifetime assignment of benefits will remain in effect until revoked in writing by me. A photocopy of this assignment of benefits is to be considered as valid as the original.

The terms and consequences of these irrevocable assignments and financial responsibilities have been fully explained to me to my understanding and I have signed this document freely and without inducement other than the rendition of services by the physicians of LIMPA.

\_\_\_\_\_  
SIGNATURE of Insured/Responsible Party

\_\_\_\_\_  
NAME of Insured/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE of Patient or Guardian

\_\_\_\_\_  
NAME of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE of Witness

**LAWRENCE INTERNAL MEDICINE, P. A.**  
**PRIVACY POLICY**  
**HIPAA PRIVACY NOTICE**

Notice of Privacy Practices

Lawrence Internal Medicine, P. A. respects our client's confidentiality and will only release information about you in accordance with state and federal laws. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice describes our policies related to the use of records of your care at Lawrence Internal Medicine, P. A. We are required to give you this Notice about (1) the use and disclosure of your health information, (2) our legal responsibilities, and (3) your rights concerning your health information and to abide by the terms of this notice. You may request a paper copy of this notice at any time.

1. PURPOSE OF YOUR MEDICAL RECORD:

Your medical record is the basis for planning your care and treatment and is a means of communication among the many health professionals who contribute to your care. Your medical records is a legal document describing the care that you received and may include your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment.

2. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:

Lawrence Internal Medicine, P. A. uses and discloses the minimum necessary health information about you for your treatment, for payment, for your services, and for our business operations.

a. For Treatment. Lawrence Internal Medicine, P. A. uses and discloses your health information internally in the course of your treatment. For example, we may give information to another healthcare professional for the purpose of referral within Lawrence Internal Medicine, P. A.

b. For Payment. Lawrence Internal Medicine, P. A. may use and disclose your health information to obtain payment for services we provide to you. For example, we may need to give insurance companies or other agencies the minimum necessary information in order for them to pay us for the service we have provided to you.

3. INFORMATION DISCLOSED WITHOUT YOUR CONSENT:

Under Kansas and federal law, information about you may be disclosed without your consent in the following circumstances.

a. Emergencies. Sufficient information may be shared to address an immediate medical emergency.

b. Judicial and Administrative Proceedings. We may disclose your personal health information in the course of a judicial or administrative proceeding in response to a

- valid court order or other lawful process, including if you were to make a claim for Worker Compensation or disability.
- c. Danger to Self or Others. If we believe you are an immediate danger to yourself or others, we may disclose health information about you to the authorities, as well as alert any other person who may be in danger.
  - d. Child/Elder Abuse. We may disclose health information about you related to the suspicion of child and/or elder abuse or neglect.
  - e. Contagious Diseases. Kansas requires health care professionals and others to report actual or suspected incidents of contagious or infectious diseases, including personally identifying information, to the board of health. Kansas requires physicians and others to report the name and address of a person suffering from HIV/AIDS to the secretary of health. A physician treating a patient with HIV/AIDS may disclose the infection to other health care providers, emergency services employees, corrections officers or law enforcement employees who have been or will be placed in contact with body fluids of the patient. In addition, a physician may inform the spouse or partner of a person with HIV/AIDS of the risk of exposure.
  - f. Criminal Activity or Danger to Others. We may disclose health information if a crime is committed on our premises or against our personnel or if we feel we are in danger.
  - g. Health Oversight Activities. We may disclose health information to a health oversight agency of activities authorized by law. These activities might include audits or inspections and are necessary for the government to monitor the health care system and assure compliance with civil-rights laws. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements. The minimum necessary information will be provided in these instances.
  - h. Business Associates. Lawrence Internal Medicine, P. A. may disclose the minimum necessary health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, Lawrence Internal Medicine, P. A. contracts with a billing software company, an insurance clearing house, an independent laboratory, and an accountant. Those individuals may over the course of their work, come in contact with client billing records. All of our business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
4. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:
- Although your health records are the physical property of Lawrence Internal Medicine, P. A., you have the following rights with regard to the information contained therein:
- a. Right to Inspect and Copy. You have the right to look at or get copies of your health information, with limited exceptions. Exceptions may include psychotherapy notes, information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative actions or proceedings, and information that was obtained from someone other than a health care provider under a promise of confidentiality and the

requested access would be reasonably likely to reveal the source of the information. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.

- b. Right to Amend. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request.
- c. Right to Accounting of Disclosures. You have the right to receive a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. To request an accounting of disclosures, you must submit your request in writing to your Lawrence Internal Medicine, P. A. provider. If you request an accounting of disclosure, a reasonable charge may be made for the costs incurred.
- d. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not share information with an insurance company, in which case you would be responsible to pay in full for the services provided. To request a restriction, please contact Lawrence Internal Medicine, P. A. Patient Accounts Department. We are not required to agree to your request, but will consider the request very seriously. If we agree, we will abide by our agreement unless the information is needed in an emergency or by law.
- e. Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in certain way or at certain locations. For example, you may ask that we contact you only by mail or at work. You must make this request in writing and it must specify alternative means or locations that you would like us to use to provide you information about your health care. We will make every attempt to accommodate reasonable requests.
- f. Right to Obtain a Paper Copy of this Notice. You have the right to receive a paper copy of this notice and any amended notice upon request. Copies will be available at the reception desk. You may also download a copy of this notice at our web site, [www.lawrenceintmed.com](http://www.lawrenceintmed.com). Any other uses and disclosures not set out in the information above will be made only with your written authorization. You may revoke a written authorization for release of information at any time. The revocation must be in writing and will become effective when it has been received by Lawrence Internal Medicine, P. A., and will only be for uses and disclosures not already completed. We reserve the right to change our privacy practices provided such changes are permitted by applicable law.

#### 5. LAWRENCE INTERNAL MEDICINE, P.A.'S RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD:

In addition to providing you your rights, as detailed above, the federal privacy standard requires Lawrence Internal Medicine, P. A. to take the following measures:



- a. Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- b. Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- c. Abide by the terms of this notice.
- d. Train our personnel concerning privacy and confidentiality.
- e. Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- f. Mitigate any breach of policy/confidentiality.

Lawrence Internal Medicine, P. A. will not use or disclose your health information without your consent or authorization, except as described in this notice and otherwise required by law.

#### QUESTIONS AND COMPLAINTS

If you have questions or believe your privacy rights have been violated, you may file a complaint with Lawrence Internal Medicine, P. A., or you may file a complaint with the U. S. Department of Health & Human Services. To obtain additional information, or to file a complaint with us, contact the Privacy Officer at 785-842-7200. We will not retaliate in any way if you choose to file a complaint.

As required by federal regulation 45 C.F.R. 165.500, I hereby acknowledge that I received and read a copy of the Lawrence Internal Medicine, P. A. Privacy Policy HIPPA Privacy Notice.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

LAWRENCE INTERNAL MEDICINE, P. A.  
PATIENT PORTAL TERMS OF USE POLICY AND PROCEDURES  
&  
PATIENT AGREEMENT TO ABIDE BY TERMS OF USE

Lawrence Internal Medicine, P. A. offers secure viewing and communication through our patient portal as a service to our patients who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain risks. By signing the Agreement to Abide by the Terms of Use, you accept the risks and agree to follow Terms of Use, as described below.

I. Terms of Use – General Policies and Procedures

**DO NOT** use the Patient Portal to communicate (i) an emergency, (ii) an urgent issue or (iii) sensitive information (e. g. HIV, mental health, work-excuses, etc.)

Proper Subject Matter:

- Use the Patient Portal for non-urgent medical questions, lab results, appointment reminders or requests, routine follow-up questions, etc.
- Use the Patient Portal to update your demographic information.
- Be sure that all information that you enter is true, accurate, complete, and updated whenever there is a change.
- Be concise when composing your message.
- Direct medication refill requests to your pharmacy.

The Patient Portal Has (or will have) the Following Functions:

- Send and receive secure messaging for non-urgent needs.
- View lab results that have been sent to you.
- View and print “summary of care” document.
- View and submit updates to your health information.
- View selected health information (allergies, medications, current problems, past medical history). \*Note – You can submit changes/additions to your health records, medication lists, etc. but this will not change your permanent record without our review of the information.
- Request a referral.
- Request an appointment.
- Update your demographic information (i. e. address, phone number)

Communications Will Become a Part of Your Medical Record:

- Communication via the Patient Portal will be included in your permanent medical record.

Privacy:

- All messages sent to you in the Patient Portal will be encrypted.
- Electronic mails from you to any staff member should be through the Patient Portal.
- All e-mail address lists will be kept confidential and such lists will not be shared with other parties, unless necessary to carry out Patient Portal operations or as required by law.
- A variety of healthcare and administrative personnel (such as nurse practitioners, physician assistants, registered nurses, certified medical assistants, phlebotomists, clerks) will be involved in reading, processing and replying to your messages and information submitted through the Patient Portal. Staff members other than your physician will be involved in receiving your messages and routing them to the appropriate person, as necessary.

- There is no need to notify us that you have read a message, unless you have a question, or need further information.
- Read our HIPAA handout for information on how private health information is handled in our office.
- If you have concerns, please talk to your nurse or ask to speak to the practice administrator.

Response Time:

- After signing your agreement to abide the Patient Portal Terms of Use, a welcome message will be e-mailed to you from SEVOCITY. This will provide a link to the Patient Portal login screen. (If you have not received an e-mail from Sevocity within three (3) working days, please call the office and notify the receptionist.
- Reasonable efforts will be made to respond to e-mail inquiries within one (1) business day, but no later than three (3) business days after receipt. Response time may be longer if the Patient Portal service is interrupted for maintenance, upgrades, or emergency repairs related to events beyond our control. In this respect, you agree not to hold Lawrence Internal Medicine, P. A., its physicians, or any of its staff, in any way liable or responsible to you for any such modification, suspension, or disruption of the Patient Portal.
- The Patient Portal is checked during our hours of operation, which are 8 a.m. to 5 p.m. Monday through Friday. You are encouraged to use the Patient Portal at any time; however, messages submitted after-hours or during the weekend will not be acknowledged until we return on the next business day.

Changes to these Policies and Procedures:

- Policies and Procedures and Terms of Use may be modified from time to time.
- If material modifications to the Policies and Procedures are made, information will be posted in the Patient Portal notifying you that a material change has been made.
- If you then continue to use the Patient Portal, you will be deemed to have agreed to follow the modified Policies and Procedures.
- If you do not agree with the modified Policies and Procedures, then you must notify us that you no longer wish to use the Patient Portal.

### ACCESSING AND USING THE PATIENT PORTAL

1. Request access from Lawrence Internal Medicine, P. A. (To register, you must be at least 18 years old).
2. Review the Patient Portal Terms of Use and sign the Agreement to Abide by the Patient Portal Terms of Use.
3. Install one of the following browsers on your computer: Mozilla Firefox, Safari, or Google Chrome. Our Patient Portal does not work with Internet Explorer.
4. Receive welcome e-mail from **SEVOCITY**. Follow the URL link to [www.medicalofficeconnect.com](http://www.medicalofficeconnect.com). (Check your junk email inbox if you do not receive this within 24 hours of enrolling).
5. Your username is \_\_\_\_\_ and your temporary password is  
Health11 (just as it is typed here).
6. Change your temporary password to one of your choice. Choose a password only you will know so that your protected health information remains private and secure. Your new password must have at least one number and must be at least 6 characters long.  
  
My new password is \_\_\_\_\_.
7. Save this website to your favorites to access the Patient Portal anytime:  
[www.medicalofficeconnect.com:8444/PatientPortal](http://www.medicalofficeconnect.com:8444/PatientPortal)
8. To send a new message, simply login to the Patient Portal and click on the NEW MESSAGE tab in the top right hand corner of the screen.
9. At any time in the future, if our office initiates contact with you via the Patient Portal, you will receive an e-mail with a link to [www.medicalofficeconnect.com:8444/PatientPortal](http://www.medicalofficeconnect.com:8444/PatientPortal)

LAWRENCE INTERNAL MEDICINE, P. A.  
PATIENT PORTAL  
PATIENT AGREEMENT TO ABIDE BY TERMS OF USE

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I have read the Lawrence Internal Medicine, P. A. Patient Portal Terms of Use and had the opportunity to ask and have answered any questions I might have. I agree to abide by the terms of use of the Lawrence Internal Medicine, P. A. Patient Portal Policy and Procedures until such time that I revoke my consent. Revocation must be in written format.

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Printed Name

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Date

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Patient Signature