



DR KENNETH KIMMEL

3310 Clinton Parkway Court, Lawrence, Kansas 66047

Phone: 785-842-7200 Fax: 785-842-9397

[www.lawrenceintmed.com](http://www.lawrenceintmed.com)

## PREPARATION FOR COLONOSCOPY— MAGNESIUM CITRATE AND GASTROINTESTINAL ENDOSCOPY (EGD)

Your appointment is at Lawrence Memorial Hospital **Endoscopy Center**, first floor of Lawrence Memorial Hospital. Patients check in at the Admissions registration desk located on **Arkansas Street**. Date: \_\_\_\_\_. Please arrive at \_\_\_\_\_ and you must bring a driver.

1. Please purchase two (2) bottles of Magnesium Citrate, 10 ounces each. This is available at any pharmacy without a prescription. This is the bowel cleanser that you will need before your colonoscopy.
2. Please bring a complete list of your medications. You may write them down on the back of this sheet and bring this with you to your appointment. You must also bring your identification and insurance cards.
3. You will be sedated for your procedure and you **MUST** bring a responsible adult with you, who can listen to Dr. Kimmel's report and drive you home afterwards.
4. If you take Coumadin/Warfarin/Pradaxa or Insulin or if you have heart or kidney failure, please contact your primary care physician for permission and/or any special instructions.
5. Do not plan to operate machinery or conduct important business for at least 12 hours after your procedure. You will be at the facility for approximately 2.5 hours.
6. In the event of any change in your plans, please contact the Lawrence Internal Medicine, P.A. staff immediately at 785-842-7200.

### PREP INSTRUCTIONS:

**DAY BEFORE COLONOSCOPY:** You may eat breakfast, and then eat only a clear liquid diet the rest of the day. Liquids allowed are water, tea, coffee (no creamer), apple juice, bouillon, any type of plain Jell-O, sports drinks and pop (diluting the laxative with ginger ale or lemon-lime soda dramatically improves the taste).

### **FIRST DOSE OF LAXATIVE:** Take at 5 or 6PM

- Drink one 10oz. bottle of Magnesium Citrate.
- Drink at least 24oz. of clear liquids following the laxative.

### **SECOND DOSE OF LAXATIVE:** Take at 5AM on the morning of the procedure.

- Drink the second 10oz. bottle of Magnesium Citrate.
- Drink at least 16oz. of clear liquids following the laxative.

**PRIOR TO YOUR PROCEDURE:** Please do not take anything by mouth after midnight the night before your procedure. This includes medications.

**DAY OF PROCEDURE:** Please wear a loose fitting, two piece outfit.

Dr. Kimmel's Office Phone: 785-842-7200

Lawrence Memorial Hospital Endoscopy Center Phone: 785-505-4850

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Lawrence Internal Medicine, P.A.  
*Care to Maintain & Improve your Health!*

#### TO OUR PATIENTS:

The physicians and staff have always maintained the confidentiality of your medical information. The federal government requires us to provide a written notice that explains the uses of your medical information. In addition, you will need to acknowledge that you have received a copy of that notice.

Due to changes in Federal healthcare regulations and insurance company policies and procedures, the physicians of Lawrence Internal Medicine, P. A. utilize the services of hospitalists in the event of patient hospitalization. We regret any inconvenience this may cause.

If you have questions, please ask a member of the staff or your physician.

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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 not paid within 30 days will incur an interest charge of 1.5%. Account balances of 30 days and greater with no payment activity will incur a \$5.00 billing fee per statement. In the event of financial hardship, payment arrangements can be made with Lawrence Internal Medicine, P.A.'s billing department. Lawrence Internal Medicine, P. A. charges a \$40.00 fee for returned checks. Lawrence Internal Medicine, P.A. will utilize the services of a collection agency in the event of non-payment for services rendered. If you have any questions, please ask a member of our staff.

The test(s) you are about to have are EXPENSIVE.

Here are some questions you may want to ask your insurance company BEFORE you have the test(s) done:

- 1.) Is the doctor on my insurance plan?
- 2.) Does my insurance plan pay for a screening test?
- 3.) What is my deductible?
- 4.) What is my co-insurance amount?
- 5.) What is the amount my insurance company will allow?

Please remember there will be a charge from both Dr. Kimmel and the hospital.

The most common tests are the following CPT codes:

- 45378 Colonoscopy
- 45380 Colonoscopy with biopsy
- 45385 Colonoscopy with polyp removal
- 43235 Upper GI Endoscopy
- 43239 Upper GI Endoscopy with biopsy



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## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION REQUIRED BY FEDERAL REGULATIONS, 45C.F.R. 164.500 et seq

**This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.**

Lawrence Internal Medicine, P.A. is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain while providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are: A nurse obtains treatment information about you and records it in your health record. During the course of your treatment, the physician determines the need to consult with another specialist. The information will be shared with such specialist to obtain the specialists' advice. Examples of use of your health information for payment purposes: We submit a request for payment to your health insurance company. The health insurance company requests additional information from us regarding medical care given. We will provide that information to them.

Examples of use of your health information for health care operations: The state licensing authority wants to review records to assure that we have acted consistent with state laws regarding your care. During that process, it wants to take a sample, which includes a review of your chart. At the licensing authority request, we will provide it with a copy of your record.

### Your Health Information Rights

The records we maintain are the physical property of Lawrence Internal Medicine, P.A. The information in it belongs to you.

You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but will comply with any request granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office during normal business hours.
- Request that you be allowed to inspect and copy your health record and billing information. You may exercise this right by delivering the request in writing to our office using the form we provide to you during normal business hours.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health record be amended to modify incomplete or incorrect information by delivering a written request to our office using the form we provide to you during normal business hours.
- File a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required by law. You must deliver a written request to our office during normal business hours using the form we provide for you. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

- Request that communication of your health information be made by alternative means or at alternative locations by delivering a request in writing to our office during normal business hours using the form we provide to you.
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken. You must deliver a written revocation to our office during normal business hours.

If you wish to exercise any of the above rights, please contact your physician in person or in writing, during normal business hours. Your physician will provide you with assistance on the steps to take to exercise your rights.

#### Our Responsibilities

Lawrence Internal Medicine, P.A. is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with notice as to our duties and privacy practices regarding information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable request regarding methods to communicate health information with you.
- We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices.
- We reserve the right to enact new provisions regarding the protected health information we maintain. If our practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office during normal business hours and picking-up a copy.

#### To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your health information, you may contact your physician. If you believe your privacy rights have been violated, you may file a written complaint in our office by delivering the written complaint to your physician. You may also file a complaint with the Secretary of Health and Human Services. We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from Lawrence Internal Medicine, P.A. We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

#### Other Disclosures and Uses

Unless you object in writing, we may use or disclose your protected health information to notify or assist in notifying family members, personal representatives, or other persons responsible for your care about your location and about your general condition or your death. Using our best judgment or in an emergency, we may disclose to a family member, other relative, close personal friends, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object in writing. We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, as required by law. We may disclose your protected health information to public authorities to report abuse or neglect as allowed by law. We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement. We may disclose to the correctional institution or agents your protected health information necessary for your health and health and safety of other individuals if you are an inmate of a correctional facility. We may disclose your protected health information to appropriate health oversight agencies and for health oversight activities as permitted by federal law. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We may use and disclose your protected health information to assist in disaster relief efforts. We

have business associates with whom we may share your protected health information. For example, in preparing our annual financial statements, auditors may need to review samples of the medical care given. We may disclose your health information to the accounting firm to prepare this material. We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties. We may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable laws. We may contact you to provide you with information about your treatment, appointments, or other health related benefits and services that may be of interest to you. We may contact you as part of a fund raising effort. We may disclose to the Food and Drug Administration your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements. We may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation. We may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public to avert a serious threat to health or safety. We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel. Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization. You may revoke this authorization as previously provided.

Rev09/2001 HIPAA rev. 09/2002 rev.11/2002 rev. 08/2008 rev. 12/2010