

Meaningful Use Questionnaire

In order to comply with Federal regulations, Lincoln Surgical Group PC is required to ask these questions. They are asked to help enhance the quality, coordination and safety of your care among all your medical providers, now and in the future. We are enhancing our electronic health record (EHR) system in order to achieve these goals and to provide you, your referring physician, and your other medical providers (when requested) with your timely reports in a secure and confidential fashion. The Federal government will only receive summary reports of all patient totals, not your specific answers, which remain private.

All questions must be answered

Patient Name: _____ DOB: _____

Would you like access to our Health Portal to view your medical information? YES NO

Email to use for portal access: _____

Would you like to receive reminders/notifications for:

Appointments Lab Results Health Maintenance Rx confirmations General Info

How would you like to receive these reminders/notifications?

Voicemail English Spanish Number to call _____

Text/SMS English Spanish Number to use _____

Web Portal Only

Patient Opts out of all practice communication

Preferred Pharmacy/Address (i.e. Hyvee - Lincoln @ Williamsburg)

We will be using electronic prescribing which allows us to view the external history of your prescriptions. **Do You Approve (required to ask/answer)?** Yes No

Please check the box next to the answer that best describes each category:

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Caucasian Hispanic Other Race Refused to Report

Ethnicity: Hispanic Not Hispanic Refused to Report

Preferred Language: Arabic Chinese English French German Hebrew Hindi Italian Japanese Korean French Portuguese Russian Tagalong Thai Urdu Vietnamese Other _____

Patient/Guardian Signature: _____ Date: _____