

# Lucy Nyaboke Nyakundi

## Medical Virtual Assistant | HIPAA-Certified

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I help keep appointments, messages and follow-ups moving. Clear next steps for patients and the people who support them.

Hi, I'm Lucy. I'm a Medical Virtual Assistant in Mombasa with two years of experience supporting scheduling, patient coordination, documentation, and follow-up. I pay attention to what still needs doing. A message sent isn't always a task finished, so I try to leave a clear note about the next step and who owns it. I follow the practice's procedures and ask when something falls outside my role.



## About me

For two years, I've supported the admin work around patient care—appointments, coordination, documentation, and follow-up. I like to leave the next person a clear note: what came in, what I did, and what still needs attention. That way, open work is less likely to disappear between shifts.

When I speak with a patient, I try to be warm and straightforward. If I can't confirm something, I don't guess. I follow the practice's procedures, use only the information needed for my assigned work, and ask if identity or authorization is unclear. I don't diagnose or give clinical advice; clinical questions belong with clinical staff.

I'm ready to learn the systems and routines used by the team I join. Each practice has its own way of working, and I'm comfortable learning those procedures instead of assuming one size fits all.

## Tools & Technology Familiarity

**CRM & Workflow Management:** HubSpot, GoHighLevel

**Business Communication & Calling:** RingCentral, 8x8

**Dialing Tools:** Familiarity with dialer workflows

I'm familiar with these platforms and how they may help keep contacts, appointments, communication, and follow-ups organized. In an interview, I can talk clearly about what I know and what I'd need to learn in your setup.

**Medical-administrative strengths:** patient communication and call handling; appointment scheduling and calendar coordination; patient intake and registration support; appointment confirmations; insurance eligibility verification support; administrative documentation; patient follow-up and callback coordination; referral follow-up; medical-record request tracking; inbox and task management; remote handovers; privacy-conscious workflow support.

**Ready to learn:** an employer's particular EHR/EMR, payer portals, scheduling platform, telehealth workflow, documentation standards, and standard operating procedures. These are readiness areas, not claims of prior professional use.

## Services

- **Appointment scheduling and calendar coordination:** I can check availability, help book or reschedule, confirm the provider and appointment details, and send reminders through the practice's process. Before a confirmation goes out, I check the date, time, and appointment type again. That gives the patient a clear plan and helps prevent avoidable mix-ups.
- **Patient intake and registration support:** I help new and returning patients with the details and forms the practice requires, recording the reason for the visit in the patient's own words. I use the approved checklist and note what is still missing, rather than asking for extra information "just in case."
- **Patient communication and message management:** I can handle routine appointment questions, callbacks, and admin requests in a clear, respectful way. If a question needs clinical judgment, I pass it to the right team. I want the patient to understand the next step without hearing a promise I cannot make.
- **Insurance eligibility and benefits verification support:** I can record what an authorized payer check returns, note the limits of that response, and flag what still needs an answer. If a referral or prior authorization may be needed, I leave that question with the responsible team. This check is not a promise of coverage or payment.

- **Medical records and documentation support:** I can log a records request, note what is missing, and follow it through the practice's review process. I keep the status, owner, and next follow-up visible without copying unnecessary details. The authorized team handles any release decision.
- **Patient follow-up coordination:** I keep callbacks, referral documents, and open admin tasks on the list, with an owner and a date to check again. If a document has not arrived, I record the last attempt and set the next follow-up.
- **Inbox and task management:** I sort requests under the practice's rules, update their status, and leave a handover the next person can use. Sending a message does not finish the task; the status and next action still need to be recorded.
- **HIPAA-conscious administrative support:** I follow identity and authorization steps, use the channels the practice approves, and access only what I need for the task. If I'm unsure whether information can be shared, I stop and ask an authorized team member.
- **Prescription request routing:** I can acknowledge a prescription request and pass it to the authorized clinical team. I do not approve, prescribe, or renew medication, and I cannot promise when a decision will be made.

## Medical Virtual Assistant Work Demonstrations

I put these examples together to show how I would approach common admin requests. They're all fictional—not records from a real patient or practice.

**SIMULATION NOTICE:** These are simulated portfolio demonstrations created for professional skills presentation. All names, patient details, records, and scenarios are fictional. They are not actual patient records or representations of specific completed patient assignments.

### Case 1 — A new patient's first call and appointment

#### The situation

A first-time caller wants to book an appointment and isn't sure what the practice needs. I'd ask a few straightforward questions, collect only the required details, and make sure the date and instructions are clear before sending a confirmation.

## What I would do

Listen, confirm the request, follow approved registration and scheduling procedures, record required details accurately, send an approved confirmation, and route clinical or accommodation questions to the designated team. The workflow is:

1. Clarify what the caller wants scheduled and confirm the approved contact preference.
2. Check the authorized provider calendar and current availability.
3. Confirm the appointment type from practice instructions; do not infer clinical suitability.
4. Offer available options without overbooking or promising an unapproved slot.
5. Repeat the selected date and time and confirm the time zone when relevant.
6. Share only approved arrival, preparation, location, or telehealth instructions.
7. Enter the appointment and required administrative details in the approved system.
8. Send the confirmation through the approved channel and document the action and next step.

## Sample telephone conversation

**Lucy:** Good morning, Sample Family Practice. This is Lucy. How may I help you?

**Caller:** I'm new and would like to make an appointment. I'm not sure what you need from me.

**Lucy:** I can help with the registration and scheduling steps. First, may I confirm your name and the best approved way to contact you? I'll ask only for the information required by the practice.

**Caller:** Morgan Example. Email is easiest.

**Lucy:** Thank you. In your own words, what would you like the appointment to be for? I can record that for the team, but a clinician will assess any medical concern.

**Caller:** I need to establish care and ask a clinician about a concern.

**Lucy:** Understood. I'll check the appointment options and the practice's new-patient instructions. If the concern needs clinical review before booking, I will connect you to the approved clinical process rather than make that decision myself.

## Intake checklist and fictional record

Collect only fields required by the practice's approved process: full name and spelling; date of birth verified using the approved workflow; preferred approved contact; reason for visit in the patient's own words; preferred dates and times; new-patient registration requirements; insurance information if applicable; and required forms or documents with due dates.

| Field         | Fictional example                                           |
|---------------|-------------------------------------------------------------|
| Record        | SIM-INT-01 · fictional                                      |
| Patient       | Morgan Example · fictional                                  |
| Date of birth | 14 May 1987 · fictional example only                        |
| Contact       | morgan.example@example.test · reserved example domain       |
| Visit reason  | “Establish care and discuss a concern” · patient’s words    |
| Appointment   | Thursday, 12 November 2026 · 10:30 a.m. · Sample Provider A |
| Status        | Booked; new-patient forms sent through the approved channel |
| Next action   | Confirm forms received according to practice workflow       |

## Complete appointment confirmation

### Subject: Appointment confirmation

Hello Morgan,

Your appointment with Sample Provider A is scheduled for Thursday, 12 November 2026 at 10:30 a.m. Please follow the new-patient instructions shared through the practice’s approved channel and contact us if you need to request a change.

This is an administrative confirmation. If you have a clinical concern, please use the practice’s approved clinical contact or triage process.

Kind regards,  
Sample Family Practice

### If something changes—and before I close it

If the preferred slot is unavailable, offer approved alternatives. If required information is missing, identify the specific administrative item and explain how to provide it securely. Acknowledge accommodation requests and route them to the designated team. If symptoms are mentioned, do not diagnose or decide urgency; follow the approved triage process and document the handoff.

Before closing, check identity and contact details; provider and appointment type; date, time, and time zone; approved instructions and communication channel; required forms; and the documented next action. **Why it helps:** Getting the details right at the start helps prevent avoidable rework and gives the patient a clear next step. **Skills this shows:** active listening,

accurate data capture, calendar coordination, patient-friendly writing, documentation, follow-through, and professional-boundary awareness.

## **Case 2 — When a family member asks for results**

### **The situation**

A caller says she is the patient's sister and asks about lab results because the patient is busy. I'd be courteous, but I wouldn't assume that being family gives her permission. I'd follow the practice's identity and authorization process, then route any unclear decision to the authorized team.

### **What I would do**

Follow practice policy to verify the caller without revealing protected information during the check; review the approved authorization record and scope; use only the minimum necessary information; document the request; and route unclear scope, legal questions, or approval decisions to authorized staff or the designated privacy officer. I do not independently approve a release or interpret results.

### **Sample conversation**

**Lucy:** I understand you'd like to help your sister. Before the practice can discuss any patient information, I need to follow our identity and authorization procedures.

**Caller:** I'm her sister. She told me to call.

**Lucy:** Thank you for explaining. Being a relative does not by itself confirm permission for us to share information. I can check the approved authorization record or explain how your sister can contact the practice directly.

**Caller:** This is taking too long. Just tell me whether the results are ready.

**Lucy:** I can't confirm or disclose patient information until the required checks are complete. I can route your request for review or provide the practice's approved steps for your sister to authorize communication.

### **How I would check authorization**

1. Verify caller identity using practice policy without confirming protected details during the check.
2. Review the approved record/process for current authorization, its scope and expiration, and any restrictions.

3. If authorization cannot be confirmed, disclose nothing; explain the patient-direct route and document the request minimally.
4. If additional review is needed, hold the request and route it to authorized staff or the privacy officer.
5. If authorization is confirmed under applicable law and practice procedure, share only what that role and scope permit, through an approved channel; do not interpret the results.
6. If the caller is frustrated or presses for an exception, remain calm, restate the boundary, and offer the approved alternative.

## Fictional note and what I would check

| Field            | Fictional example                                                        |
|------------------|--------------------------------------------------------------------------|
| Request          | SIM-PRIV-02 · fictional request code                                     |
| Caller statement | Family member requesting information                                     |
| Identity check   | Initiated under approved workflow; outcome not confirmed in this example |
| Authorization    | Not confirmed; no information disclosed                                  |
| Action           | Patient-direct route explained; request routed for authorized review     |
| Next step        | Authorized team reviews; follow-up due according to policy               |

Check that no patient details were confirmed before the required checks; identity and authorization were considered separately; scope and restrictions are clear; any uncertainty has an owner; only an approved channel is used; and the note contains no unnecessary medical detail. Route conflicting records, repeated pressure, unclear legal requirements, or a suspected privacy incident to authorized staff. **Why it helps:** The caller leaves knowing what needs to happen next, while the record shows the request is waiting for an authorized review. That's safer than guessing or making a one-off exception. **Skills this shows:** calm communication, confidentiality awareness, minimum-necessary handling, adherence to procedure, documentation, and appropriate escalation.

## **Case 3 — Checking insurance details without overpromising**

### **The situation and my part**

A patient has a visit coming up and shares insurance details. I'd use the practice's authorized payer process to check what is available for that date, write down exactly what the payer returned, and assign unanswered questions to the right team. This is an admin check, not a promise about coverage or a clinical decision.

### **Verification checklist**

Collect only the fields the practice requires: patient and policy details, payer, subscriber relationship, requested service date, and any missing-item note. Through an authorized source, check:

- Patient and policy details against the approved source.
- Eligibility for the date of service and coverage effective dates.
- Provider network information when available.
- Copayment, remaining deductible, and coinsurance when returned.
- Referral and prior-authorization requirements and who must confirm them.
- Missing information, portal limitations, and unresolved coverage questions.

## Simulated worksheet

| Field                     | Fictional result                                                                            |
|---------------------------|---------------------------------------------------------------------------------------------|
| Case / patient            | SIM-INS-03 · “Taylor Sample”                                                                |
| Payer / plan              | Sample Payer · fictional plan                                                               |
| Member identifier         | SIMULATED-NOT-A-REAL-ID                                                                     |
| Date of service           | 18 November 2026 · fictional                                                                |
| Eligibility               | Active response returned for example date; effective dates recorded from simulated response |
| Network                   | Confirm provider/facility with payer as needed; not independently guaranteed                |
| Copayment                 | USD 35 · simulated example                                                                  |
| Deductible / coinsurance  | USD 500 remaining / 20% · simulated examples                                                |
| Referral / authorization  | Possible referral requirement; authorized team to confirm                                   |
| Source / date / next step | Simulated authorized payer process / 15 October 2026 / follow up on referral question       |

All payer names, values, and identifiers are invented training examples. A returned eligibility response does not guarantee coverage, payment, or reimbursement.

## Practice-team summary and patient communication

**Internal administrative summary:** “Eligibility was checked through the approved payer process for the scheduled date. The simulated response indicated active eligibility and returned example cost-share information. A referral requirement remains to be confirmed by the authorized team. Please review the open item before the visit. Benefits and payment are not guaranteed by this check.”

**Patient message:** “We have checked the eligibility information available through the payer’s response. The information is an estimate and does not guarantee that a service will be covered or what the final amount will be. We are following up on one remaining requirement and will share any update through the approved channel.”

## **If something changes—and before I close it**

If the portal is unavailable, use the authorized backup process and log the attempt. If policy details do not match, confirm through the approved process instead of guessing. If eligibility cannot be confirmed, document the limitation and follow-up. Route a possible prior authorization to the responsible authorized team; do not represent it as approved. Check the source, date checked, service date, response and effective dates, network when available, returned cost-share figures, unresolved item, owner, and follow-up. **Why it helps:** The team can see what the payer confirmed, what's still open, and who will follow up—without mistaking an estimate for a promise. **Skills this shows:** careful information handling, structured verification support, clear limitation-setting, task tracking, and concise team communication.

## **Case 4 — Keeping follow-ups from slipping**

### **The situation and my part**

Five requests come in together: an appointment confirmation, a billing callback, a missing referral, a refill-status question, and a clinical message. I'd give each one a status, owner, and next step under the practice's rules, then make sure the next person can see what is done and what still needs attention. Clinical messages go through the practice's triage process; I don't decide urgency myself.

## Fictional task tracker

| Task and received                  | Category and priority                                 | Status and owner                            | Next action, due date, and completion note                                   |
|------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|
| SIM-T01 ·<br>15 Oct<br>2026, 9:05  | Appointment ·<br>routine per practice<br>rules        | Sent ·<br>administrative<br>team            | Confirm entry · due 15 Oct<br>· confirmation logged                          |
| SIM-T02 ·<br>15 Oct<br>2026, 9:18  | Billing callback ·<br>routine per practice<br>rules   | Pending · billing<br>team                   | Review and call back ·<br>practice target ·<br>acknowledged and routed       |
| SIM-T03 ·<br>15 Oct<br>2026, 9:42  | Referral document ·<br>routine per practice<br>rules  | Waiting · referral<br>coordinator           | Request securely and<br>recheck · 16 Oct · attempt<br>documented             |
| SIM-T04 ·<br>15 Oct<br>2026, 10:10 | Prescription request<br>· administrative<br>receipt   | Routed · clinical<br>team                   | Confirm receipt and clinical<br>review · per policy · no<br>renewal promised |
| SIM-T05 ·<br>15 Oct<br>2026, 10:22 | Clinical message ·<br>priority per triage<br>protocol | Escalated ·<br>designated clinical<br>staff | Prompt handoff and follow<br>protocol · per protocol ·<br>handoff documented |

All IDs and details are fictional; actual priority and deadlines must follow the practice's definitions and secure system.

## Task-by-task workflow

- **Appointment:** verify provider, date, time, and appointment type; send the approved confirmation; record the sent status.
- **Billing callback:** acknowledge receipt, route it to billing, assign a callback owner and target; do not estimate a bill or promise an outcome.
- **Missing referral:** identify the missing document; contact the appropriate office through approved channels; record the attempt and date; set the next follow-up.
- **Prescription request:** acknowledge receipt and route to authorized clinical staff; do not approve, prescribe, or promise a renewal.
- **Clinical message:** follow the practice's triage/escalation protocol promptly; do not decide clinical urgency or leave a potentially urgent message in a routine queue.

## Four complete sample patient messages

### 1. Appointment confirmation • fictional example

“Hello Morgan, your appointment with Sample Provider A is confirmed for Thursday, 12 November 2026 at 10:30 a.m. (practice local time). Please follow the new-patient instructions sent through the practice’s approved channel. If you need to request a change, contact us using that channel. Kind regards, Sample Family Practice.”

### 2. Billing acknowledgment • fictional example

“Hello Sam Example, thank you for contacting Sample Family Practice about your billing question. I have routed your message to the billing team for review. They will follow the practice’s callback process. I cannot confirm an amount or outcome before their review.”

### 3. Prescription request receipt • fictional example

“Hello Alex Sample, we have received your prescription request and routed it to the authorized clinical team for review. I cannot approve a prescription or promise a renewal or timing. Please follow the practice’s instructions if you need clinical assistance.”

### 4. Missing referral document • fictional example

“Hello Taylor Sample, we are following up with the referring office for an administrative document needed for coordination. We will update you through the approved channel when we have more information. If you have a copy, please send it only through the practice’s approved method.”

## Referral follow-up and end-of-day handover

For SIM-T03, identify the missing document, contact the referring office by an approved channel, note the attempt and date, assign the referral coordinator, and set a recheck for the next business day. Do not include unnecessary medical details in the handover.

### Fictional handover • 15 October 2026

- **Completed:** SIM-T01 appointment confirmation sent and logged; SIM-T02 billing inquiry acknowledged and routed.
- **Pending:** SIM-T03 referral document requested; referral coordinator to recheck next business day.
- **Routed:** SIM-T04 refill request acknowledged and sent to clinical staff; no renewal promised.
- **Escalated:** SIM-T05 transferred promptly to designated clinical staff through the practice’s process.
- **Next shift:** review due items, confirm outcomes, update statuses, and document remaining actions before closing tasks.

## **Before I hand the work over**

Confirm every item has an ID, received date, rule-based priority, current status, owner, next action, deadline, and completion note. Verify the clinical message has an accountable handoff rather than an administrative urgency judgment. Distinguish completed, pending, routed, and escalated items. **Why it helps:** When each item has an owner and a next step, the next shift doesn't have to guess what's been done or what's still waiting. **Skills this shows:** inbox organization, task ownership, written communication, referral follow-up, handover, and escalation discipline.

## **Case 5 — A records request, tracked to the right team**

### **The situation and my part**

A patient asks for a copy of their records. I would acknowledge the request, check what is missing, and keep the follow-up moving. An authorized team member handles the review and any release decision.

### **First reply**

"Thank you for contacting the practice about your records request. We will review the information and any required authorization, then route it through the practice's records process. We will let you know if anything else is needed. I can't promise an immediate release, but we will track the request and provide updates through the approved channel."

### **Review and fictional request log**

Check required fields and forms; requester identity; recipient details and request scope; missing documentation; assigned team; and the approved authorization/release process. Do not send records before required review.

| Field                 | Fictional example                                                          |
|-----------------------|----------------------------------------------------------------------------|
| Request ID / received | SIM-REC-05 · 15 October 2026                                               |
| Request type          | Patient copy request · fictional                                           |
| Identity status       | Pending authorized verification workflow                                   |
| Documentation status  | Received; one required administrative field needs clarification            |
| Assigned team         | Records team                                                               |
| Current status        | Awaiting clarification; request remains open                               |
| Next action           | Send approved request for missing information through the approved channel |
| Follow-up date        | Per practice policy after request sent                                     |
| Completion note       | No records released; awaiting authorized review                            |

## Sample communications

**Request acknowledgment:** use the message above and avoid a release-time promise.

**Missing administrative information:** “To continue processing your records request, we need one more detail: the recipient’s mailing address. Please send it through the practice’s approved channel. I’ll keep your request open and update you after the records team reviews it.” This detail is a fictional example; the actual missing field must be identified by the practice’s process.

**Internal routing:** “Records team: fictional request SIM-REC-05 is logged. Identity verification remains pending through the approved workflow, and one required administrative field has been requested. Please review authorization, scope, recipient details, and release requirements before any records are prepared or sent. Follow-up is set according to policy.”

## Before the request can be closed

Before routing, check for incomplete documentation, incorrect recipient details, missing authorization, unclear scope, and unclear instructions. Record each approved contact attempt, owner, status, and follow-up date. Keep the request open until the authorized team confirms the outcome; then update the administrative record with an approved closure note without copying unnecessary medical details. Check that identity and recipient details were verified through the approved process, required forms and authorization were reviewed by the responsible team,

scope and delivery instructions are clear, no unauthorized release occurred, and the outcome/status/next step are documented. **Why it helps:** One simple log shows what came in, what's missing, who is reviewing it, and when to check again. It helps keep requests from getting lost and prevents release before the required review. **Skills this shows:** request tracking, careful administrative documentation, confidentiality-conscious handling, error prevention, and dependable closure.

## **Additional demonstration — Clinical-message escalation**

A fictional message mentions symptoms that may require prompt clinical assessment. Where the approved procedure calls for it, acknowledge receipt without making a clinical promise; route promptly through the designated triage or emergency escalation path; document the time, routing action, receiving team, and confirmation according to policy; and do not diagnose or decide clinical urgency. A potentially urgent message must not be left in a routine inbox. Actual handling depends on practice procedures and applicable emergency protocols.

## **Technology and remote workflow readiness**

I'm familiar with HubSpot and GoHighLevel for CRM and workflow management, and with RingCentral and 8x8 for business communication and calling. I'm also familiar with dialer workflows, though I haven't named a specific dialer. I can explain in an interview what I know about these tools and where I'd need practice-specific training. I haven't claimed a specific employer's use, advanced proficiency, EHR, or payer-portal experience. A CRM or calling tool is not automatically HIPAA-compliant—the employer's configuration, contracts, security controls, and policies matter. I'm ready to learn the systems and procedures used by the team I join.

## **Confidentiality is part of every task**

I'm careful about what I access and where I send it. I follow the practice's identity and authorization steps, protect my account and workspace, use approved channels, and ask when a request is unclear. If I suspect a privacy issue, I report it through the practice's process. Applicable law and the organization's policy still guide the work.

**HIPAA training:** My certificate reflects training; it is not professional licensure and does not independently establish an employer's compliance. I have not listed an issuer, date, or certificate number, and no certificate image is shown here.

## How I communicate with patients and healthcare teams

I try to listen first, use plain language, and explain what happens next. If I can't confirm something—or it needs clinical judgment—I say so and pass it to the right person. I don't promise an outcome I can't control.

- **Appointment change:** Instead of “We're full. Try another day,” say, “That time is not available. I can check the next options and confirm a time that works for you.” It gives the patient a next step instead of ending the conversation abruptly.
- **Prescription request:** Instead of “Your refill will be ready today,” say, “I've received your request and routed it to the authorized clinical team for review. I can't promise a renewal or timing.” It lets the patient know what I did, while leaving the decision with the clinical team.
- **Information request:** Instead of “Since you're family, I can tell you,” say, “I need to follow our identity and authorization process before discussing any patient information. I can explain the approved next step.” It protects private information and still gives the caller a way forward.

## Selected administrative work samples

**FICTIONAL SAMPLE NOTICE:** I made up all names and details below. These are examples of admin materials, not patient records. A practice would adapt each one to its own process.

### 1. New-patient intake checklist and sample entry

**Checklist:** name and spelling; date of birth verified by approved method; preferred approved contact; reason for visit in the patient's own words; preferred times; appointment type per procedure; registration requirements; insurance if applicable; forms/documents and due date; missing item, owner, and next step.

**SIMULATED ENTRY:** Morgan Example · SIM-INT-01 · new-patient forms sent through approved channel · next action: confirm receipt under practice workflow. Do not collect extra information “just in case.”

### 2. Appointment scheduling and confirmation

**Fictional sample:** Sample Provider A · Thursday, 12 November 2026 · 10:30 a.m. practice local time · new-patient forms sent by approved channel. “Hello Morgan, your appointment with Sample Provider A is confirmed for Thursday, 12 November 2026 at 10:30 a.m. Please follow the new-patient instructions sent through the practice's approved channel. If you need to request a change, contact us using that channel. Kind regards, Sample Family Practice.”

Before sending, verify date/time and time zone if applicable, provider, appointment type, and approved arrival/telehealth instructions. Use the practice's approved contact route for changes.

### 3. Insurance verification worksheet

**SIM-INS-03 · Taylor Sample · Sample Payer · 15 Oct 2026 check · 18 Nov 2026 service date · active response returned for fictional date · network confirmation outstanding · USD 35 simulated copayment · USD 500 simulated remaining deductible · 20% simulated coinsurance · possible referral requirement assigned to authorized team · follow-up before visit.** The authorized source, effective dates, limitations, and owner must be recorded. These values are fictional; results do not guarantee coverage or payment.

### 4. Patient follow-up tracker

| Task ID / received      | Category / rule-based priority         | Status / owner                 | Next action / deadline / completion note                  |
|-------------------------|----------------------------------------|--------------------------------|-----------------------------------------------------------|
| SIM-T01 · 15 Oct, 9:05  | Appointment · routine                  | Sent · admin                   | Confirm entry · 15 Oct · confirmation logged              |
| SIM-T02 · 15 Oct, 9:18  | Billing callback · routine             | Pending · billing              | Call back per practice target · acknowledged/routed       |
| SIM-T03 · 15 Oct, 9:42  | Referral document · routine            | Waiting · referral coordinator | Request securely/recheck · 16 Oct · attempt logged        |
| SIM-T04 · 15 Oct, 10:10 | Prescription request · receipt         | Routed · clinical team         | Confirm receipt/review · per policy · no renewal promised |
| SIM-T05 · 15 Oct, 10:22 | Clinical message · per triage protocol | Escalated · designated staff   | Prompt handoff · per protocol · receipt documented        |

### 5. Medical-record request tracker

**SIM-REC-05 · 15 Oct 2026 · patient copy request · identity pending approved process · one field requested · records team assigned · awaiting clarification · next action: send approved request through approved channel · follow-up: per policy · completion note:**

**open pending authorized review.** Never release records before required verification, scope, and authorization review.

## 6. End-of-day handover report

**Fictional shift · 15 Oct 2026**

- Completed: SIM-T01 confirmation sent and logged; SIM-T02 acknowledged and routed to billing.
- Pending: SIM-T03 referral document requested; referral coordinator to recheck next business day.
- Routed: SIM-T04 refill request acknowledged and routed to clinical staff; no renewal promised.
- Escalated: SIM-T05 passed promptly to designated clinical staff under the practice process.
- Next shift: review due items, confirm outcomes, update statuses, and document remaining actions; keep owners visible.

## 7. Patient communication templates

- **Appointment:** “Hello Morgan, your appointment with Sample Provider A is confirmed for Thursday, 12 November 2026 at 10:30 a.m. (practice local time). Please follow the new-patient instructions shared through the approved channel. Contact us through that channel to request a change.”
- **Billing:** “Thank you for your billing question. I have routed it to the billing team for review. They will follow the practice’s callback process; I cannot confirm the amount or outcome before review.”
- **Prescription receipt:** “We have received your request and routed it to the authorized clinical team for review. I cannot promise a renewal or timing.”
- **Missing referral:** “We are following up with the referring office for an administrative document needed for coordination. We will update you through the approved channel when we have more information.”

These are fictional examples. Use approved channels and avoid unsupported promises.

## 8. Privacy-conscious request-handling checklist

Verify identity using the approved method; check authorization and scope separately; use only minimum-necessary access; avoid confirming protected details before the required checks; route uncertainty to authorized staff or the privacy officer; use an approved communication

channel; document the outcome and next action minimally; report suspected privacy incidents promptly.

**SIMULATED OUTCOME:** a caller who identifies herself as a patient's sister requests results; authorization is not confirmed; no information is disclosed; the approved patient-direct route is explained; request routed for authorized review. A family relationship alone does not authorize access.

## My administrative quality-control checklist

Before I mark something done or hand it over, I check the identifier, spelling, contact details, appointment information, required fields, authorization where it applies, and the channel used. I flag anything still unanswered, assign the next action, and record the outcome. Sending a message alone doesn't close a task; I update its status, owner, and next step in the approved system.

## How I keep a task moving

My routine is straightforward: clarify the request, check the practice's process, do the admin part, write down what happened, and follow up. It helps me avoid assumptions and leave the next person a clear note.

1. **Understand:** I make sure I know what the patient or team needs and which procedure applies.
2. **Verify:** I check the details in the approved place.
3. **Do the admin work:** I complete the task carefully and stay within my role.
4. **Write it down:** I record what I did, who I updated, and what remains open.
5. **Follow through:** I keep open items visible, escalate exceptions, and check that the next step is handled.

A simple routine helps me stay consistent and accountable without guessing.

## What matters to me at work

- **Confidentiality:** I use approved access and channels.
- **Accuracy:** I check details before I send or save them.
- **Empathy:** I listen and explain the next administrative step.
- **Reliability:** I keep follow-ups visible.

- **Accountability:** I write down what happened and what remains open.
- **Organization:** I keep status, ownership, and handovers clear.
- **Willingness to learn:** I learn the systems and routines the practice uses.
- **Clinical boundaries:** I send clinical questions to clinical staff.
- **Consistent communication:** I keep people updated without making promises I can't keep.

## **Need help with the admin work? Let's talk.**

If your team needs help with scheduling, patient communication, documentation, or follow-up, I'd be glad to talk. I bring two years of Medical Virtual Assistant experience, a careful eye for detail, and a willingness to learn the way your practice works. I'll follow your procedures, keep open tasks visible, and leave clinical decisions to clinical staff.

### **Lucy Nyaboke Nyakundi**

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