

**The Medical Group of Kankakee County
Patient Information Sheet**

Last Name First Name Middle Name Date of Birth

Social Security # Gender Marital Status Race Ethnicity Language

(Area Code) Cellular Phone Alternative Phone Number Employer Occupation

Home Address City State Zip Code

Guarantor's Information (Person Responsible for Bill - If Different than Above)

Last Name First Name Middle Name

Relationship to Patient Guarantor's Date of Birth Social Security Number

(Area Code) Cellular Phone (Area code) Work Phone (Area Code) Home phone

Home Address City State Zip Code

Primary Insurance Information

Insurance Company Name Policy Holder's Name Date of Birth Relation to Patient

Secondary Insurance Information

Insurance Company Name Policy Holder's Name Date of Birth Relation to Patient

Payment of Benefits and Assignment and Release of Information

I direct payment to the undersigned Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his services as described but not to exceed the reasonable and customary charge for those services. I understand that I am financially responsible for all charges whether or not they are paid by insurance. I authorize release of any information relating to my treatment for insurance purposes. I authorize the use of this signature on all insurance or other health care providers' submissions.

Signature of Insured Date

Request for Confidential Communication

I, _____, hereby request The Medical Group of Kankakee County (TMG) to keep communications regarding my protected health information confidential. To accomplish this request please adhere to the following requests:

Phone: You may contact me by phone at _____
Leave messages on answering machine/voice mail: Yes Or No
Leave message with any other person: Yes Or No
If YES, with whom? _____

Discuss your health issues with any other person: Yes Or No
If YES, with whom? _____

Mail: Contact me at my address: Yes Or No

Pharmacy: TMG may check my medication history at my pharmacy: Yes Or No

Emergency Contact:

Name	Relationship	Phone Number
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Confidential Email (For Patient Portal): _____

This request may be changed or revoked by filing out a new request or revoking this one in writing.

I acknowledge receipt of The Medical Group of Kankakee County's notice of Privacy Practices. I understand that The Medical Group of Kankakee County has reserved the right to change the privacy practices that are described in the notice. I also understand that a copy of the notice will be available to me at my next visit to the practice.

Signed: _____ **Date:** _____

If you are not the patient, please specify your relationship to the patient: _____

Reviewed:

Signature	Date	All current information is correct: Y or N
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Signature	Date	All current information is correct: Y or N
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Signature	Date	All current information is correct: Y or N
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NOTICE FOR ADDITIONAL TESTING AND PROVIDER COMMUNICATION

If your provider orders additional testing to be completed, it may take up to 3-5 business days after your test is completed for your test results to be available. Our clinical staff will make every effort to notify you of these results as soon as they are processed and reviewed by a provider, as we will take action on all results timely.

We only contact patients with results for testing we have ordered, if your testing was ordered by another provider outside of our practice, please contact the ordering provider for those results.

If you do not hear back from our office within a few days after your test is completed, please call the office to find out the status of the results.

As a practice we would like to keep in contact with our patients for proper care and follow up. We value our patients' time as well as our own. We can be contacted during office hours through our office and we will respond in a timely manner. After office hours, we can be reached by calling our office and leaving a message for the answering service who will page the on-call provider. We kindly ask for patients to not contact us through social media, text, or personal phone calls as we cannot document these conversations appropriately nor do these avenues protect your health information. Not using the proper communication channels puts you at risk for medical complications, such as allergic reactions, medication interactions, and worsening conditions.

Respectfully,
The Medical Group of Kankakee County

Clyde Dayhoff, D.O.	Kristy Patterson, PA
Jeffery Long, M.D.	Jennifer Christenson, PA
Hashim Zaidi, M.D.	Megan Brown, NP
Patrick Long, M.D.	

Signed: _____ Date: _____

Printed Name: _____ DOB: _____

If you are not the patient, please specify your relationship to the patient _____.

Receipt of Notice of Privacy Practices
Form

I, _____, acknowledge receipt of The Medical Group of Kankakee
(Name of Patient)
County's notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that The Medical Group of Kankakee County has reserved a right to change the privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available at me at my next visit to the practice.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient _____.

The Medical Group of Kankakee County

692 N Maple Street
Herscher, IL 60941
(815) 426-2020

555 E North Street, Ste. E
Bradley, IL 60915
(815) 929-0858

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY

The Medical Group uses health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of The Medical Group. We are required by federal and state law to maintain the privacy of your medical information. Medical information is also called "protected health information" or "PHI". We are also required by law to notify you if you are affected by a breach of your unsecured PHI.

How The Medical Group May Use Or Disclose Your Health Information

For Treatment. The Medical Group may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive, such as referrals to another physician or facility. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. The Medical Group may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and to others to:

- Evaluate the performance of our staff
- Assess the quality of care and outcomes in your cases and similar cases; Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide

Required by Law. The Medical Group may use and disclose information about you as required by law. For example, The Medical Group may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties

Appointment Reminders and Treatment Calls.

The Medical Group may contact you to provide appointment reminders or information about treatment plans, medication or test results, or other health related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines and voice mails with limited information.

Notification. The Medical Group may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Business Associates. In some cases, The Medical Group contracts with business associates to provide services on its behalf. An example includes arrangements with business associates to provide collection services. The Medical Group may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, The Medical Group requires the business associate to safeguard your information.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Food and Drug Administration (FDA). The Medical Group may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of health information.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Fundraising. The Medical Group does not engage in fundraising activities or marketing activities and needs your authorization to do so.

Immunizations. If The Medical Group obtains and documents your verbal or written agreement to do so, we may release proof of immunization to a school where you are a student or prospective student.

Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent The Medical Group has taken in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, The Medical Group is not required to agree to a request restriction except as required by law;
- The Medical Group is required to comply with your request for restrictions on the use/disclosure of your PHI to health plans for payment or health care operations purposes when The Medical Group has been paid out of pocket in full and the practice has been notified of the request for restriction in writing, and the disclosure is not required by law.
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record in paper or electronic form;

- Request that your health record be amended;
- Request communications on your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information

Obligations of The Medical Group

The Medical Group is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.
- Obtain your written authorization when we use or disclose your PHI in ways not described in this Notice. Your authorization may be revoked at any time in writing, except to the extent that we have already acted on your Authorization.

The Medical Group reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon request at your next visit to our practice.

Complaints. You may complain to The Medical Group and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Contact Information

If you have any questions or complaints, please contact:

Teresa Wagner
(815) 426-2020

Effective September 23, 2013