



Ear, Nose, Throat and Allergy Clinic, s.c.

Information Form

Thank you for selecting our office. We strive to provide you with the best possible healthcare. Please fill out this form completely.

Date _____

Patient Information

Patient Name _____ Date of Birth _____
First Middle Last

Sex: ___ M ___ F Marital Status _____ Email Address _____

Home Address _____ City _____ State ___ Zip _____

Home Telephone _____ Cell Phone _____ Work Phone _____

Employer _____

Employer Address _____ City _____ State ___ Zip _____

Emergency contact? Name _____ Phone _____ Relationship _____

With whom may we discuss your medical/billing information? Name _____

Phone _____ Relationship _____

Primary Care Physician _____ Patient referred by _____

Primary Insurance _____ Secondary Insurance _____

Responsible Party (If insurance is held by someone other than yourself, please complete this section)

Policy Holder's Name _____ Date of Birth _____

Relationship to Patient _____ Home Phone _____

Home Address _____ City _____ State ___ Zip _____

Employer _____ Employer Phone _____

Responsible for Payment (If different than patient or policy holder)

Name of person responsible for payment _____ Date of Birth _____

Relationship to Patient _____ Home Phone _____

Home Address _____ City _____ State ___ Zip _____

Employer _____ Employer Phone _____

Employer Address _____ City _____ State ___ Zip _____

Name

Date Of Birth

Date Of Exam

ALLERGIES?

No Allergies

Medication Allergies	Type of Reaction

Medication Allergies	Type of Reaction

Have you ever had an allergy test?

Yes No

If yes, are you still taking them?

Yes No

Have you ever taken allergy shots?

Yes No

How much relief from shots?

Minimal Partial Significant

LIST ALL MEDICATIONS YOU ARE TAKING (Prescription, over-the-counter or herbal)

None

Medication	Dosage	How often taken

Medication	Dosage	How often taken

PHARMACY NAME (INCLUDE ADDRESS/PHONE) _____

MEDICAL/SURGICAL HISTORY: HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? No Medical/Surgical History

Cardiovascular:

Coronary Artery Disease

Elevated Cholesterol

High Blood Pressure

Gastrointestinal:

Hepatitis

Hernia

Gastro Esophageal Reflux

Genitourinary:

Prostate Enlargement

Kidney Stones

Renal Failure

Ear/Nose/Throat: (HEENT)

Cataracts

Glaucoma

Chronic Ear Infections (Otitis Media)

Hearing Loss

Sinus Problems (chronic sinusitis)

Nasal Polyps

Nasal Allergies

Recurrent Tonsillitis

Tinnitus

Vertigo

Hematologic:

Anemia

Bleeding Disorders

FAMILY HISTORY:

ADD/ADHD

Alcoholism

Allergies

Alzheimer's Disease

Asthma

Blood Disease

CAD (Coronary Artery Disease)

Heart Disease

Cancer Type:

CVA (Stroke)

Depression

Developmental Delay

Diabetes

Eczema

Immunologic:

Allergies Type:

Food Allergies Type:

Infectious Disease:

Mononucleosis

STD Type:

Metabolic/endocrine:

Diabetes Type:

Thyroid Deficiency (hypothyroidism)

Thyroid Excess (hyperthyroidism)

Neoplastic:

Cancer Type:

Neurologic:

Migraine

Obstetric:

Pregnancy Date(s):

Psychiatric:

Adjustment Disorder – Anxiety

Major Depression

Pulmonary:

Asthma

COPD

Emphysema

Sleep Apnea

Tuberculosis

Hearing Deficiency

High Cholesterol

Hypertension

Irritable Bowel Syndrome

Learning Disability

Mental Illness

Migraines

Obesity

Osteoarthritis

Osteoporosis

Blood Clots

Renal Disease

Seizure Disorder

Other Family History: _____

Tobacco Use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Former
Type of Tobacco	Packs/Day	For Years?	Year Quit?

Do you consume alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Former
Type of alcohol?	Frequency?	Amount?	Last Drink?

RECEIPT OF PRIVACY NOTICE ACKNOWLEDGEMENT

Your signature on this form acknowledges that you received a copy of the Ear, Nose, Throat and Allergy Clinic’s Privacy Notice. This is an important notice related to privacy of your personal healthcare information.

Please answer the following questions:

Ear, Nose, Throat and Allergy Clinic provided me with a copy of the Privacy Notice.

Yes _____ No _____

I had the opportunity to discuss and ask questions regarding the Ear, Nose, Throat and Allergy Clinic’s Privacy Notice.

Yes _____ No _____

I give Ear, Nose, Throat and Allergy Clinic permission to leave Protected Health Information on my answering machine and/or cell phone.

Yes _____ No _____

Date

Patient/Parent Signature

If form is not signed or any questions are answered “No” please explain:

Ear, Nose, Throat and Allergy Clinic

NOTICE OF PRIVACY PRACTICES

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. The privacy of your health information is important to us. Please do not hesitate to contact us if you have any question at (630) 208-4700.

Ear, Nose, Throat and Allergy Clinic maintains a medical record of your health services. We want you to understand that maintaining the privacy of your health information is extremely important to us. Protected health information is information about you, including basic information that may identify you and relates to your past, present, or future health or condition and other relevant health services. We understand that this information is personal and we will not release this information except as requested by you and as allowed by the law.

Our legal Responsibility

Medical offices are required by applicable federal and state law to maintain the privacy of your health information. Our office is also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. Ear, Nose, Throat and Allergy Clinic must follow the privacy practices that are described in this notice while it is in effect. This notice is current in effect and will remain in effect until it is replaced.

Ear, Nose, Throat and Allergy Clinic reserves the right to change our privacy practices and the terms of this notice at any time, provided such changes are allowed by applicable law. Ear, Nose, Throat and Allergy Clinic reserves the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that our office maintains, including health information we created or received before we made the changes. Before our office makes a significant change in our privacy practices, we will change this Notice and make the new Notice available upon your request.

You may request a copy of Ear, Nose, Throat and Allergy Clinic's Privacy Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us at (630) 208-4700.

Uses and Disclosure of Health Information

Ear, Nose, Throat and Allergy Clinic discloses and uses your protected health information for multiple reasons including treatment, payment, and healthcare operations.

Treatment: Our office uses or discloses your protected health information to a physician, health care agency, or other healthcare provider involved in providing treatment to you.

Payment: We may use and disclose your protected health information to obtain payment for services our office provides to you. This may include providing information before a possible service is rendered for pre-approval and in possible other ways.

Healthcare Operations: Your health information may be used and disclosed in connection with healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating physicians or health care providers and provider performance, conducting education programs, accreditation, certification, licensing, credentialing, and other related activities. This may include sign in sheets, calling you by your name in the waiting room, contacting you for appointment reminders, that medication is available, that tests have been scheduled, that test results were available, and for other related matters. Information may be shared with third party businesses that provide various services for our office including billing, answering services, accountants, legal services and other services.

Marketing: Ear, Nose, Throat and Allergy Clinic may get in touch with you regarding appointments and to provide you with information on health services including mailings or in other manner about wellness programs, treatment options, or other programs.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose in addition to our use of your health information for treatment, payment or healthcare operations. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, Ear, Nose, Throat and Allergy Clinic cannot use or disclose your health information for any reason except those described in this Notice.

Persons Involved In Care: Ear, Nose, Throat and Allergy Clinic may use or disclose health information to notify, or assist in the notification of--including locating and also identifying--a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, Ear, Nose, Throat and Allergy Clinic will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. Ear, Nose, Throat and Allergy Clinic will also use our professional judgment and or experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medications, medical supplies, x-rays, or other similar forms of health information. Ear, Nose, Throat and Allergy Clinic may disclose or utilize your protected health information to an authorized public or private entity to aid in disaster relief efforts and to coordinate uses and disclosures to family or their individuals participating in your healthcare. Your protected health information may be used and disclosed in situations where there is a communication barrier and the physician using his/her professional judgment determines that your intention is to consent.

Required by Law: Ear, Nose, Throat and Allergy Clinic may use or disclose your health information when it is required by law which may be made without your consent, authorization or opportunity to disagree. Some of the circumstances include the following:

Individuals Involved in Your Care or Payment of Care: Ear, Nose, Throat and Allergy Clinic may disclose your protected health information to a friend, personal representative, or family member involved in you medical care or payment related to your care.

Disclosures to Parents or Legal Guardians: If you are a minor, the clinic may release your protected health information to your parents or legal guardians when it is permitted or required under federal and applicable state law.

Worker's Compensation: Ear, Nose, Throat and Allergy Clinic may disclose your protected health information to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

Law Enforcement: Ear, Nose, Throat and Allergy Clinic may disclose your protected health information for law enforcement causes as required by law or in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about death resulting from criminal conduct; about crimes on the premises or against a member of our office; and in emergency circumstances whether on our premises or not, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

As Required by Law: Our office must disclose protected health information when required to do so by applicable federal and state law.

United States Department of Health and Human Services/Food and Drug Administration: We are required to disclose your protected health information to determine if we are in compliance with federal laws and regulations regarding the privacy of health information. Ear, Nose, Throat and Allergy Clinic may disclose your protected

health information to individuals, companies, or institutions required by the Food and Drug Administration to report reactions to medications, as well as for other reasons as required.

Public Health: Ear, Nose, Throat and Allergy Clinic may disclose your protected health information to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These situations may include but are not limited to disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease, or risk of contracting or spreading a disease or condition.

Infectious Conditions: Ear, Nose, Throat and Allergy Clinic may use and disclose your protected health information to an individual that may be at risk of contracting or spreading the disease or an individual who may have been exposed to an infectious disease.

Health Oversight Activities: Your protected health information can be disclosed to an oversight agency for activities authorized by law, including audits, investigations, and inspections as necessary for licensure and for governmental monitoring of the health care system, government programs, compliance with federal and applicable state law.

Judicial and Administrative Proceedings: Our office may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process if you are involved in a lawsuit or a legal dispute.

Research: In certain circumstances, our office may use or disclose your protected health information for research purposes. The research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information before disclosing your protected health information.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: Ear, Nose, Throat and Allergy Clinic may disclose your protected health information to aid in identifying a deceased person or to determine a cause of death as required by law. Information may be released in rational expectation of death. Your protected health information may be disclosed to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Administrator or Executor: Our office may disclose your protected health information to an administrator, executor, or other individual so authorized under applicable state law upon your death.

Abuse or Neglect: We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Ear, Nose, Throat and Allergy Clinic may disclose your protected health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Criminal Matters: Your protected health information may be disclosed if our office believes that disclosure is needed to avert a serious threat to the health and safety of an individual or the public. This would be done according to applicable federal and state laws.

Military and Veterans: Ear, Nose, Throat and Allergy Clinic may release protected health information as required by military command authorities if you are a member of the armed forces. Our office may also release protected health information about foreign military personnel to the appropriate military authority.

National Security and Intelligence Activities: Ear, Nose, Throat and Allergy Clinic may release your protected health information to authorized federal officials for intelligence, counterintelligence, other national security activities, and for protective services for the President, other authorized persons, or foreign heads of state.

Correctional Institution: We may disclose your protected health information, if you are or become an inmate of a correctional institution, to the institution or its agents necessary for your health and the health and safety of others.

You Have the Following Rights with Respect to your Protected Health Information

Access to Protected Health Information: You have the right to look at or get copies of your protected health information that is contained in the “designated record set” with limited exceptions. This designated record set is the compilation of medical, billing, and any other records that are used to direct your medical care. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. Our office may deny your request to inspect and copy in certain limited circumstances, such as if we have reasonably determined that providing access to protected history information would endanger your life or safety to cause substantial harm to you or another person. Other possible circumstances when requests can be denied include but are not limited to records prepared in expectation of civil, criminal or administrative proceedings or psychological therapy materials. If we deny the request, our office will notify you in writing and provide you with the opportunity to request a review of the denial.

Disclosure Accounting: You have the right to obtain a list of situations in which our office or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations, certain other activities, and also other than disclosure to you, your family members or friends involved in your care, or for purposes of notification. There are other limitations, restrictions and exceptions on the release of this information. This is applicable for disclosures after April 14th, 2003.

Restrictions: You have the right to request that our office place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions.

Alternative Communication: You have the right to request that our office communicates with you about your protected health information by alternative means or to alternative locations. Our office will try to comply with reasonable requests and our compliance may be depending on information provided for payment purposes. You must make your request in writing. The request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your protected health information in the designated record set as long as our office maintains this information. Your request must be in writing. Our office will respond to your request in writing within 60 days—with a possible 30 day extension. In our response we will either agree to make the amendment or inform you of our denial, explain our reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. Our office will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.

Electronic Notice: If you received this Notice by other means than a paper copy, then you have the right to receive this Notice in a written form.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that our office may have violated your privacy rights, you may complain to Ear, Nose, Throat and Allergy Clinic at (630) 208-4700. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request. We support your right to the privacy of your protected health information and we will not retaliate if you choose to file a complaint with us or with U.S. Department of Health and Human Services.

Ear, Nose, Throat and Allergy Clinic, S.C

Patient Name: _____ **Birthdate:** ___/___/___

General Financial Policy:

- In order to be able to provide the best medical care, payment is expected when services are rendered.
- If you do have insurance, we will submit charges to the **insurance that is presented at time of visit.**
- It is your responsibility to notify our office of changes in your insurance/address, otherwise you will be considered a self-pay patient and you will be responsible for submitting to the correct insurance **on your own.** Please bring your insurance card and a valid photo ID with you to each appointment.
- The co-pay and deductible amounts are due at the time of visit. If you arrive without your co-payment/insurance card we may ask you to reschedule.
- Patient responsible amounts are due when you **check in** for your appointment.
- Please note that **3%Processing Fee** will be added to any payments made with credit card.
- There will be a **\$25**rebilling fee applied monthly to past due accounts.
- After **90 days** unpaid accounts are automatically transferred to a collections agency and we reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.
- Patient balances are required to be in paid in full prior to allergy testing, allergy serum preparation, allergy shots and/or elective surgery.

Cancellation of Appointments:

- Cancellation of appointment is required twenty-four hours in advance of scheduled appointment. If our office is not notified, this will result in a **\$35** fee. Multiple failures to give a twenty-four hour notice may result in no future appointments.

Medical Record Copying:

- All medical record copy requests must be in writing, dated, signed, designated as to where the records are to be sent and what record documents are to be copied along with reason for request. Medical information is accessible to the patient or their representative with signed authorization. There are associated costs with these services.

Non-Sufficient Funds (NSF):

- Service fee of **\$25** will be assessed for first check. Second NSF will result in a \$50.00 service fee and patient will be on a cash payment method only status. Any further failure to pay service with legal tender may result in dismissal from the practice.

Authorization and Release:

- I authorize release of any information concerning me (or my child's) medical care for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the provider.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

Patient's (Or Legal Guardian's) Signature

Date



Ear, Nose, Throat and Allergy Clinic, s.c.

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www.entallergyclinic.com

sm

Board Certified in
Otolaryngology
Head and Neck Surgery

Image Guided Laser
Endoscopic Sinus Surgery

Snoring
Obstructive Sleep Apnea

Treatment of
Sinusitis
Chronic Facial Pain

Management of
Seasonal and Chronic
Allergic Disease

Pediatric Ear, Nose,
and Throat Problems

Head and Neck Surgery

Thyroid Disease

Otology
Audiology

Physician Introduction

My practice is focused on medical problems related to ear, nose, throat and the head and neck area. The field of otolaryngology also includes treatment of allergic problems, snoring, sleep apnea, and facial plastic surgery. I am board certified in otolaryngology—head and neck surgery since 1998 and practice all aspects of this specialty.

I underwent undergraduate studies at the Northwestern University in Evanston in 1988 through the six-year Honors Program in Medical Education. In 1992 I graduated from the Northwestern University Medical School in Chicago.

I completed my internship as well as surgical residency at Northwestern University in 1994. Following this I did a three year Otolaryngology—Head and Neck Surgery residency at Northwestern University through Northwestern Memorial Hospital. During medical school and residency, I worked on multiple research projects involving dizziness, middle ear surgery, pain management, sinus disease and I have published research articles.

I completed residency training in 1997. Since that time I have worked in private practice in the suburbs of Chicago. I also have on staff a Doctoral level Audiologist, Susan Hansel, with over ten years of experience in evaluating hearing loss and providing hearing aids.

My entire staff is devoted to providing you with the most up-to-date expert care possible.