



Notifications

Please Initial In Box

I hereby give the physicians at Advanas Foot & Ankle Specialists permission to examine and treat my feet. I also authorize the release of medical or other information necessary to process any insurance claim and authorize payment of medical benefits to Advanas Foot & Ankle Specialists. I certify that the information given to the staff at Advanas Foot & Ankle Specialists is true and correct to the best of my knowledge and will notify Advanas Foot & Ankle Specialists if any of this information changes.

PATIENT RIGHTS AND RESPONSIBILITIES:

- I have been informed of my patient rights and responsibilities.

ADVANCE DIRECTIVES:

- I have been informed of my rights to formulate an Advance Directive and understand that I am not required to have an Advance Directive in order to receive medical treatment in this health care facility.
- I understand that it is the policy of this practice to resuscitate all patients that require resuscitation in order to maintain their vital functions.
- I understand that in the case of a medical emergency, I may be transferred to the local hospital.
- If you have an Advanced Directive, you must be aware that we do not honor them, we will do everything in our power to save you as long as you are in the office.

FINANCIAL POLICY:

I have read, understood and agree with the financial policy. I also understand that I may receive a copy upon my request.

Consent to release:

I authorize my physician at Advanas Foot & Ankle Specialists to obtain any outside information regarding my health or prescription history from external sources.

DISCLOSURE OF OWNERSHIP:

Advanas Foot and Ankle Specialists PLC is owned by Dr. Bussema D.P.M, Dr. Bickle D.P.M, and Dr. Monfore D.P.M.

Please be advised of the following:

- The facility may have a financial relationship with your physician as indicated above.
- A schedule of typical fees for services provided by the facility may be available at your request.
- You may have the right to choose where to receive services including an entity in which your physician may have a financial relationship.

YOUR CONFIDENTIAL COMMUNICATIONS

Persons whom we can contact regarding your treatment, care, appointments, or financial arrangements.

Emergency Contact: _____ Phone#: _____
 Phone # we can leave a detailed message on: _____
 Spouse (Name): _____
 Children (Name): _____
 Care Giver (Name): _____
 Power of Attorney (Name): _____
 Lawyer (Name): _____
 Other(Name(s)): _____

If no one is listed in this section we will only be able to speak to you regarding your personal health information.

I HAVE RECEIVED A COPY OF ADVANAS FOOT & ANKLE SPECIALISTS NOTICE OF PRIVACY PRACTICES.

Patient Name (Printed): _____ Patient DOB: _____

Patient/Guardian Signature: _____

Date: _____