

The Ankle and Foot Center of Fox Valley, Ltd
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www.feetfxn.com
Nancy A. Jagodzinki, D.P.M

I acknowledge and agree that The Ankle and Foot Center of Fox Valley, Ltd may (CHECK ALL THAT APPLY)

- Leave a message regarding upcoming appointments
- Leave a message regarding lab results/imaging studies/medication refills on my home answering machine
- Leave a message regarding billing questions on my home answering machine

I acknowledge and agree that The Ankle & Foot Center of Fox Valley, Ltd may disclose my protected health information and medical record information to the following individuals who are either, my family members, legal representatives, guardians, health care surrogates, or have power to attorney on my behalf:

Print name, relationship, and phone number

Print name, relationship, and phone number

Print name, relationship, and phone number

I have read and understood the information in this consent. I may receive a copy of this consent if I so choose. I am the patient or an authorized party to act on behalf of the patient to sign this document verifying consent to the above terms.

Signature of Patient or Legal Guardian: _____

Print Name of Patient or Legal Guardian: _____

Patient Name: _____ Date: _____