

**The Ankle and Foot Center of Fox Valley, Ltd**  
**376 S. Route 59 Suite 108**  
**Naperville, IL 60540**  
**Phone: 630-778-7670 Fax: 630-778-7671**  
**www.feetfxn.com**  
**Nancy A. Jagodzinki, D.P.M**

### **The Patient Bill of Rights and Responsibilities**

The goal of the Ankle and Foot Center of Fox Valley is to provide all patients with high quality healthcare in a manner that clearly recognized individuals' needs and rights. We also recognize that in order to accomplish this goal effectively, the patient and the health care provider must work together to develop and maintain optimum health. As a result, the following patient rights and responsibilities were written.

#### **AS A PATIENT YOU HAVE THE RIGHT:**

- To receive considerate care that is respectful of your personal beliefs and cultural and spiritual values.
- To have all things explained to you in terms that you can understand and to have any questions answered concerning your diagnosis, prognosis, and treatment.
- To appropriate assessment and management of your symptoms, including pain.
- To know contents of your medical records through interpretation by the provider.
- To know who it is that is interviewing and examining you.
- To have explained to you ways that you can prevent your medical problem from reoccurring.
- To refuse to be examine or treated by health providers and to be informed of the consequence of such decisions.
- To be assured of the confidential treatment of disclosures and records and to have the opportunity to approve or refuse the release of such information except when the release of specific information is required by law or is necessary to safeguard you or the community.
- To participate in the consideration of ethical issues that many arise in he provision of your care.

#### **AS A PATIENT YOU HAVE THE RESPONSIBILITY:**

- To provide the Ankle and Foot Center of Fox Valley, Ltd. with information about your current symptoms, including pain.
- To provide the Ankle and Foot Center of Fox Valley, Ltd. with information about past illness, hospitalizations, and medications.
- To ask questions if you do not understand the directions or treatment being given by a provider.
- To keep appointments or telephone the office at least 24 hours ahead if you need to cancel.
- To be respectful of others and others' property while in our facility.
- To keep an up to date list of medications, and to contact the office if there are any changes.
- To monitor prescription refill status and to initiate the refill process with a minimum of one week of medication remaining.
- To treat all staff members with common courtesy whether in office or thru other means of communication.

Signature of Patient or Legal Guardian: \_\_\_\_\_

Print Name of Patient or Legal Guardian: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_