



Notifications

Please Initial In Box

<p>I hereby give the physicians at Advanas Foot & Ankle Specialists/Sturgis SurgiCare 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/Sturgis SurgiCare. 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/Sturgis SurgiCare. if any of this information changes.</p>	
<p>PATIENT RIGHTS AND RESPONSIBILITIES:</p> <ul style="list-style-type: none"> I have been informed of my patient rights and responsibilities. 	
<p>ADVANCE DIRECTIVES:</p> <ul style="list-style-type: none"> 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 surgery center to resuscitate all patients that require resuscitation in order to maintain their vital functions. I understand that in the case of a medical emergency that I may be transferred to the local hospital. I HAVE formulated an Advance Directive. If you have initialed that 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. 	
<p>FINANCIAL POLICY:</p> <p>I have read, understood and agree with all three pages of the financial policy. I also understand that I may receive a copy upon my request.</p>	
<p>Consent to release:</p> <p>I authorize my physician at Advanas Foot & Ankle Specialists to obtain any outside information regarding my health or prescription history from external sources.</p>	
<p>DISCLOSURE OF OWNERSHIP:</p> <p>A corporation formed by Trevor Neal, D.P.M. owns Advanas Foot & Ankle Specialists and Sturgis SurgiCare. He has become an owner as a result of his commitment to quality healthcare and to provide better services to his patient.</p> <p>Please be advised of the following:</p> <ul style="list-style-type: none"> 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. 	
<p align="center">YOUR CONFIDENTIAL COMMUNICATIONS</p> <p>Persons whom we can contact regarding your treatment, care, appointments, or financial arrangements.</p> <p>Emergency Contact: _____ Phone#: _____</p> <p>Phone # we can leave a detailed message on: _____</p> <p>Spouse (Name): _____</p> <p>Children (Name): _____</p> <p>Care Giver (Name): _____</p> <p>Power of Attorney (Name): _____</p> <p>Lawyer (Name): _____</p> <p>Institutions (Name): _____</p> <p>Other(Name(s)): _____</p> <p>If no one is listed in this section we will only be able to speak to you regarding your personal health information.</p>	

I HAVE RECEIVED A COPY OF ADVANAS FOOT & ANKLE SPECIALISTS/STURGS SURGICARE/TREVOR NEAL D.P.M. NOTICE OF PRIVACY PRACTICES.

Signature: _____ Date: _____

Public: Master File – Overall: Clerical – Notification Entered By: _____ Date: _____