



PATIENT INFORMATION

Patient's Name _____ Date of Birth _____ ☐ Male ☐ Female
Address _____ Apt _____ Age _____
City _____ State _____ Zip _____ Marital Status _____
SS# _____ Email _____

Home Ph# _____ () _____
Cell Ph# _____ () _____ Best number to contact you: _____ Shoe Size _____
Work Ph# _____ () _____ ☐ Home ☐ Cell ☐ Work

Employer _____ Occupation _____
Primary Insurance _____ Secondary Insurance _____
Primary Insured _____ Primary Insured _____
Primary Insured's DOB _____ Primary Insured's DOB _____
ID# _____ ID# _____
Group# _____ Group# _____
Primary Care Physician (PCP) _____ PCP Ph# _____
Date of Last PCP Visit _____
Hospital _____
Name & Ph# of any other treating doctors _____

Who should we thank for referring you? _____
Emergency Contact _____ Relationship _____
Emergency Contact Ph# _____

REASON FOR VISIT

Please describe your foot/ankle problem _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the notice.

I have received information on the Education and Training of Dr. Mitchell.

I, also, authorize Mitchell Foot & Ankle, PC to release any of my chart information to the following person(s): ie spouse, mother, father, guardian, other relatives, etc. Please print name below:

Patient's Signature _____

ASSIGNMENT AND RELEASE

I hereby give permission to Dr. Mitchell and his associates/staff to administer treatment, as necessary, for the diagnosis and/or treatment of my foot/ankle condition.

I hereby authorize payment directly to Mitchell Foot & Ankle PC for services rendered by Dr. Mitchell and his associates/staff. I understand and acknowledge that I am financially responsible for the entire services provided for myself or the above names, regardless of insurance coverage.

I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party _____ **Date** _____

HISTORY – Personal - Social – Family – Medical - Surgical

Ph# _____

MEDICATION LIST

[illegible]

At each visit, please verify and update current prescriptions, OTC, herbals and vitamins.

Disclaimer: This list is provided to you by this facility as an education tool. We have noted all the medications you are currently taking, including the medication(s) we have prescribed. This list is prepared based on the information you have provided us. This facility is not responsible to maintain, prescribe or refill any of the above medication(s).

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

Chicago Surgicare/Mitchell Foot & Ankle, P.C.

1424 E. 53rd Street, Suite 301, Chicago, Illinois 60615

Phone: 773-324-3338 Fax: 773-324-1866

This is a physician owned facility

PATIENT RIGHTS

Respect and Dignity

You have the right to be treated with consideration, respect and dignity, acknowledging your individuality and the values that affect your response to care.

Privacy

You have the right to expect that all those involved in your care will honor your right to privacy and ensure the privacy of your care and medical record.

Identity

You have the right to know the names, positions and professional relationships of all individuals involved in your care.

Information

You have the right to expect to receive sufficient information, in terms you understand, regarding your diagnosis, treatment prognosis and follow-up care. *(In the event that your health makes it inadvisable to give you such information, the information will be provided to a person designated by you or a legally authorized person.)*

Participate in Care Decisions

You have the right to participate in the decisions affecting your health care in collaboration with your physician, except when such participation is not indicated for medical reasons.

Refusal of Treatment

You have the right to accept medical care or refuse treatment within the limits of the law and to be informed of the consequences of refusal.

Assessment of Pain

You have the right to appropriate assessment and management of pain.

Access to Medical Record

You have the right to inspect and obtain a copy of your medical record and to expect a reasonable and timely transfer of information from one physician to another.

Knowledge of Financial Obligations

You have the right to information regarding your bill prior to treatment and to examine and receive an explanation of your bill regardless of the source of payment.

Resolution of Patient Complaints

You have the right to expect that Chicago Surgicare/Mitchell Foot & Ankle, P.C. will try to resolve all patient complaints without compromising your future access to care.

PATIENT RESPONSIBILITIES

Providing Information

You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You are responsible for reporting any perceived risks regarding your care and reporting unexpected changes in your condition.

Asking Questions

You are responsible for making known whether you clearly comprehend your diagnosis, treatment and follow-up care plan and what is expected of you.

Participation

You are responsible to fully participate in decisions involving your health care and to accept the consequences of those decisions if complications occur.

Following Instructions

You are responsible for following the treatment plan recommended by your physician. You should express your concerns regarding your inability to comply with a planned course of treatment and in understanding the consequences of any treatment alternatives.

Accepting Consequences

You are responsible for your actions if you refuse treatment or do not follow the physician's instructions.

Following Rules and Regulations

You are responsible for keeping your appointment, or cancelling 24 hours prior to your scheduled appointment, helping control noise and disturbances, following the no smoking policy and respecting other's property.

Meeting Financial Commitments

You are responsible for assuring that the financial obligations for your health care are fulfilled as promptly as possible.

Respect and Consideration

You are responsible for being considerate and respectful of the rights of others.

ADVANCED DIRECTIVE

In the event of an emergency, 911 will be called. If you have executed an Advanced Directive, please bring it or a copy to our office and we will place it in your medical chart.

MISSION

Chicago Surgicare/Mitchell Foot & Ankle, P.C. is dedicated to providing a high level of care to patients of all ages in an atmosphere that encourages patient involvement. Our medical and surgical care is limited to the specialty of Podiatric Medicine and Surgery, which includes complete care of the foot and ankle.

Chuck Mitchell, D.P.M.

Dr. Mitchell studied podiatric medicine at the Dr. William M. Scholl College of Podiatric Medicine in Chicago. He completed two surgical residency programs. A one year program at Sinai Hospital of Baltimore in Maryland and a two year program at Edgewater Hospital in Chicago.

Office Hours

Monday & Tuesday: 10:00 am - 5:00 pm

Wednesday: 12:00 pm - 7:00 pm

Thursday: 9:00 am - 5:00 pm

Friday: 10:00 am - 2:00 pm; Surgery by appointment

Saturday: (Every other) 10:00 am - 2:00 pm

After Hours

If you need to reach a doctor after hours, please call our office for paging instructions and the doctor will call you back.

YOU ARE A PARTNER IN THE HEALTH CARE PROCESS!

Your involvement in helping us deliver quality health care is important. Please share your concerns and comments with us. Should you have a concern regarding quality of care or a safety issue, we would appreciate it if you would bring it to the attention of our Office Manager. You have the right to expect that the Chicago Surgicare/Mitchell Foot & Ankle, P.C. will try to resolve all of your concerns without compromising your future access to care. We are committed to providing the highest level of care. Anyone believing that they have pertinent and valid information about quality of care issues or the safety of our environment that we have not addressed, may contact:

The Joint Commission at 1-800-994-6610 or visit www.jointcommission.org and click on "report a complaint."

Mitchell Foot & Ankle – New Patient Forms
NOTICE OF PRIVACY PRACTICE
Chicago Surgicare/Mitchell Foot & Ankle, P.C.

**This Notice Describes How Medical Information About You May Be Used and Disclosed
and How You Can Get Access to this Information**

This Notice is effective on or after April 14, 2003

PLEASE REVIEW IT CAREFULLY

USES AND DISCLOSURES

Treatment

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Health care operations

Your health information may be used, as necessary, to support the day-to-day activities and management of Chicago Surgicare/Mitchell Foot & Ankle, P.C. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government-mandated reporting.

Public health reporting

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

ADDITIONAL USES OF INFORMATION

Appointment reminders

Your health information will be used by our staff to send you appointment reminders.

Information about treatments

Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Chicago Surgicare/Mitchell Foot & Ankle, P.C. Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to gain access to your records by contacting our receptionist or Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Privacy Officer:

Office Manager
Chicago Surgicare/Mitchell Foot & Ankle, P.C.
1424 E. 53rd Street, Suite 301, Chicago, Illinois 60615

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to our Privacy Officer. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Office Manager
Chicago Surgicare/Mitchell Foot & Ankle, P.C.
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Phone: 773-324-3338 Fax: 773-324-1866