



## **Dany Y Jabbour, D.P.M., F.A.C.F.A.S.**

***Practice of Podiatric Medicine and Surgery***

91 Montgomery Street • Rhinebeck, NY 12572

Office: (845) 876-8637 • Fax: (845) 876-0218

[www.rhinebeckpodiatry.com](http://www.rhinebeckpodiatry.com)

### **PATIENT RIGHTS and RESPONSIBILITIES**

#### **Patient Rights Receiving Services in our Office.**

It is the goal of our doctor and staff to meet and exceed your health care expectations. Our doctor and staff will work together with you to achieve the highest standards of care. We are committed to providing you and your family/caregiver excellent service. The following document includes the required information on Patient Rights and Responsibilities.

- Patients have the right as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility.
- To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payments or not covered by the facility's basic rate.
- To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient has the right to know the identity and the function of these institutions, vendors and has the right to refuse their participation in the patient's treatment/care.
- The right to receive from the doctor in terms that the patient will understand, and explanation of his/her/they/their condition, diagnosis and treatment options including the option of no treatment, risk and complication of treatment and expected outcomes of treatment or no treatment.
- The right to participate in the planning of their care and treatment and to refuse medication and treatment. Any refusal shall be documented in the patient's medical records.
- To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian/advocate/surrogate/healthcare proxy gives consent in accordance with law, rule, and regulation. The patient/guardian/advocate/surrogate/healthcare proxy may refuse to participate in experimental research, including the investigation of new drugs/procedure or medical devices.
- The patient has the right to voice their grievances or recommend changes in policies and services to the practice personnel, doctor, or outside representatives of the patient's choice either individual or as a group and free from restraint, interference, coercion, discrimination, or reprisal.



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- The patient has a right to mental and physical abuse but the practice personnel and doctor.
- The patient has a right of confidentiality of their information in their records and their records shall not be released to anyone outside the facility without the patient's approval unless another healthcare facility to which the patient was transferred to requires the information for their treatment and applicable by laws governing the transfer of the patient records. The patient's records will be open to without consent of the patient to their insurance company as governed by law for their treatment and payment of their treatment or as permitted by law for peer review. The office may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
- The patient will be treated with courtesy, consideration, respect and recognition of the patient's dignity, individuality and right to privacy. Including but not limited to auditory, visual and gender designated by the patient. The patient's privacy shall be respected, and practice personnel will address the patient appropriately per the patient's written and verbal consent on how they should be addressed.
- Patients will not be discriminated against by any staff of the practice based on their age, race, religion, gender identity, sex, nationality, or civil liberties while they receive care in our office.

### **Patient Responsibilities Receiving Services in our Office.**

- It is the patient's/guardian/advocate/surrogate/healthcare proxy responsibility to read all consents that he/she/they sign. If the patient does not understand it is their responsibility to ask the practice staff or doctor for clarification.
- It is the Patient's responsibility to answer all medical questions truthfully to the best of his/her/they/their knowledge as it will provide the strongest continuity of care.
- It is the patient's responsibility to carefully read all consent forms and preoperative instructions that he/she/they/them is physically given to ensure the highest outcome of care.
- It is the patient's responsibility to provide transportation as directed by the practice to and from the practice and or ambulatory facility or hospital based upon preoperative instructions including use of medications and or anesthetics they will be receiving.
- It is the patient's responsibility to read carefully and follow all postoperative instructions including instructions given to them for in office procedures including postoperative appointments.
- It is the patient's responsibility to notify the office immediately of any complications they are experiencing after treatment or procedures.



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- It is the patient’s responsibility to understand their insurance benefits and to assure that if you receive care in our office, you know if we are a participating provider within your insurance plan. If we are not a participating provider in your plan you realize you are consider a self-pay patient and payment is due in full at the time services are rendered. Patients are responsible at the time of their visit for all co-pays, coinsurance, deductibles, and non-covered services.
- The patient is responsible for notifying the office 24 hours in advance if they need to cancel their appointment/procedure. They understand if they do not provide 24-hour cancellation notice that a no-show fee of \$50.00 will be accrued and is not bill able to their insurance company and is their financial responsibility as allowed by law. Further in the event the patient is scheduled for a procedure with an outside facility, and they do not cancel within a 24-hour period they may be subjected to a facility cancellation fee not billable to their insurance company and will be financially responsible for the charge as applicable by law.
- It is the Patient’s responsibility to notify the Practice Administrator if he/she/they/them feel that any of their Patient Right’s have been violated or if a significant complaint or a suggestion to improve our services or quality of care. This can be done by direct contact with our office by phone, fax or email or mail.

Complaints and suggestions may be sent to  
Rhinebeck Podiatry Services  
91 Montgomery Street Ste. 2  
Rhinebeck, NY 12572  
Attention Jill Jabbour

By signing below, you acknowledge that you have read and agree to the patient’s rights and responsibilities as outlined in this document. I understand that a copy of the document I have signed will be provided to me upon request.

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Patient/Representative Print Name Date

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Patient/Representative signature Date