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#### **BFS BUSINESS OFFICE**

P O BOX 330.  
Fortville, IN 46040-0330  
Tel 317.863.2556  
Fax 317.203.0420

#### **COMMUNITY FOOT & ANKLE CENTER**

1221 Medical Arts Blvd.  
Anderson, IN 46011  
Tel 765.641.0001  
Fax 765.641.0003

#### **EAST FOOT & ANKLE CENTER**

161B Washington Point Dr.  
Indianapolis, IN 46229  
Tel 317.898.6624  
Fax 317.898.6636

#### **FOOT & ANKLE AT WESTVIEW HOSPITAL**

3520 Guion Rd., Ste 102  
Indianapolis, IN 46222  
Tel 317.920.3240  
Fax 317.920.3243

#### **MARION FOOT CENTER**

330 N. Wabash Ave, Ste 460A  
Marion, IN 46952  
Tel 765.664.1413  
Fax 765.965.6530

#### **BAKER FOOT SOLUTIONS SATILLITE FOOT CLINICS**

#### **GEIST FAMILY PRACTICE**

Tel 317.898.6624  
Fax 317.898.6636

#### **NEW CASTLE**

Tel 765.664.1413  
Fax 765.965.6530

#### **SPEEDWAY**

Tel 317.920.3240  
Fax 317.920.3243

#### **RIVERVIEW**

Tel 317.920.3240  
Fax 317.920.3243

## **Patient Rights and Responsibilities at Baker Foot Solutions**

1. Be informed of your patient rights in advance of care being provided or discontinued
2. Participate in and make informed decisions about your care and pain management including being able to request or refuse treatment.
3. Have your condition, treatment, plan alternatives and outcomes explained in a manner that you understand. You have the right to interpretation services if needed.
4. Expect timely, and appropriate assessment and treatment of physical pain and emotional or spiritual discomfort
5. Receive adequate information to consent to or decline participation in clinical research. You may decline at any time without compromising your access to care, treatment and services
6. You have the right to request that no information be shared with your family or friends.
7. Receive safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity values, beliefs and preferences and contributes to a positive self-image.
8. Receive private and confidential treatments, communications and medical records, to the extent permitted by law.
9. Be free from mental, physical, sexual and verbal abuse, neglect or harassment and/or exploitation. You also have the right to access protective and advocacy services.
10. Be free from physical restraints, seclusion or drugs that are not medically necessary (e.g. ordered for medical emergencies, necessary to ensure the immediate safety of you, a staff member or others) or are used inappropriately.
11. Have your compliments, concerns and complaints addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services. You may contact our business office 1-317-863-2556 State Department of Health at 800-246-8909 or TJC at 800-994-6610.
12. Know the name and role of your caregivers (e.g. Podiatrist, Medical techs).
13. Request a second opinion
14. Obtain information as to the relationship of this hospital to other health care institutions.
15. Receive information concerning advance directives and to have your advance directives respected to the extent permitted by law.
16. Be informed of charges, receive and explanation of your bill and receive counseling on the availability of know financial resources for health care services.

**AS A PATIENT OF BAKER FOOT SOLUTIONS YOU HAVE THE FOLLOWING RESPONSIBILITIES:**

1. To respect and be considerate of the rights of other patients and medical personnel in the control of noise, the number of guest and to be respectful of the property of other persons and the clinic.
2. To follow the rules of the facility in which you are receiving your care.
3. To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and insurance benefits.
4. To ask for more information if you have questions about your care treatment,. It is also your responsibility to report perceived risks in your care and unexpected changes in your condition.
5. To ask the care provider when you do not understand medical works or instructions about your plan of care.
6. To follow the care, treatment, and service plan recommended by your doctor to the best of your ability. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your plan of care.
7. To tell us how satisfied you are will your care, so that we can resolve problems and learn from them
8. To assure that the financial obligations of your healthcare are fulfilled as promptly as possible.