

**SAMPLE DISCLOSURE LANGUAGE
PHYSICIAN OWNERSHIP DISCLOSURE FORM**

During the course of your physician/patient relationship with [name of physician], [name of physician] may refer you to [name of Physician Owned Hospital] (“Hospital”). The address of the Hospital is [address of Hospital].

In connection with any referral to the Hospital, you are hereby advised that [name of physician] has an investment interest in the Hospital.

This information is being provided to you to help you make an informed decision about your health care. You have the right to choose your health care provider. You have the option of obtaining health care ordered by your physician at a different facility other than [name of Physician Owned Hospital]. You will not be treated differently by your physician or [name of Physician Owned Hospital] if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

If you have any questions concerning this notice, please feel free to contact _____.

By signing below you acknowledge that should you be referred to the Hospital, your signature below evidences your informed decision to decline the option to have your health care provided at another health care facility. Lastly, you further acknowledge by signing below that you signed Physician Ownership Disclosure Form prior to [name of physician]’s referral of you to the Hospital

Date: _____, 20__

Signature of Patient: _____

Printed Name of Patient: _____