

**SAMPLE HOSPITAL DISCLOSURE LANGUAGE**

[Name of Physician Owned Hospital] is partly owned by physicians and meets the federal definition of a “physician-owned hospital” in 42 C.F.R. 489.3. [Name of Physician Owned Hospital] maintains a list of all its physician owners and this list is available to you upon request.

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 [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 your physician or \_\_\_\_\_ at [name of Physician Owned Hospital].