

Patient Name: _____

Date of Birth: _____



OWNERSHIP NOTICE TO PATIENTS

Because of concerns that there may be a conflict of interest when a physician refers a patient to a health care facility in which the physician has an ownership interest, Florida passed a law (the "Patient Self-Referral Act of 1992," FL Statute Section 455.654). Under this law, I must disclose my ownership in this facility and tell you about alternative places where you may go to obtain these services. This disclosure is intended to help you make a fully informed decision about your health care. You have a right to obtain healthcare items or services at a location or from the provider or supplier of your choice, including the facility in which I am owner. I assure you that you will not be treated differently if you do not choose the facility listed below in which I have an ownership interest.

We have ownership interest in the following providers:

Surgery Partners
Riverside Surgical Center

Alternative facilities in which we do not have ownership:

St. Vincent's Hospital

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES

Advance directives are not honored at this facility and in the event of an emergency or life-threatening situation, advanced cardiac life support procedures will be instituted in every instance and patients will be transferred to a higher level of care.