



DISCLOSURE OF OWNERSHIP

NOTICE TO PATIENTS

Center for Advanced Surgery is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies at our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician does have a financial interest in this facility.

This disclosure is intended to help you make a fully informed decision about your health care. You will not be treated differently if you do not choose the facility which your physician has an ownership interest.

For more information about alternative providers, please ask my staff or me. We will provide you with names and addresses of places best suited to your individual needs that are nearest to your home or place of work.

By signing this document, I, the undersigned has read this notice and fully understands it. If I have questions, I understand that I may discuss this notice with my physician or his/her staff. I understand that I have a choice of facilities from which to receive medical treatment.

_____ (Signature of Patient or Guardian)

_____ (Printed Name of Patient)

_____ (Date)