

## Patient Disclosure Form

### Disclosure of Physician Financial Interests or Ownership in the ASC

Under the self referral law beginning January 1, 1994, physicians may not refer patients to any ambulatory or surgical care facility, or other treatment and rehabilitation service in which the licensee or a member of the licensee's immediate family has any financial relationship, unless the licensee at the time of making the referral discloses in writing such interest to the patient.

This disclosure is notification that Alan S. Crandall, M.D., Robert J. Cionni, M.D. and Michael P. Teske, M.D. are the owners of The SurgiCare Center of Utah.

I understand that I may choose another facility for services to be performed.

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### Insurance Disclaimer

I acknowledge that no guarantee can be made to me regarding the coverage of my care. Claims are not determined until they are received by my insurance. Any benefit description given to me is only an estimate. I am responsible to confirm eligibility and benefits for my care.

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### Notice of Privacy Practices (HIPAA Notification)

I acknowledge that I have been given a copy of The SurgiCare Center of Utah's Notice of Privacy Practices (HIPAA) to read and review.

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By signing below, I certify that I received this information prior to the day of my procedure and I understand and acknowledge all the disclosures described in this document.

Signature \_\_\_\_\_

DATE \_\_\_\_\_