



**\*\*\*NOTICE TO PATIENTS\*\*\***

Your surgery/procedure is scheduled to take place at Tucson Surgery Center on \_\_\_\_\_ at \_\_\_\_\_. State Law, A.R.S. 32-1401 (25)(ff), requires that a physician notify a patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and whether these are available elsewhere on a competitive basis. Federal guidelines also call for this notice. Tucson Surgery Center and the physicians affiliated with it support the notice rule, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, this notice advises you that Dr. \_\_\_\_\_, who referred you to the Surgery Center has an ownership interest in the Center, as do many of the surgeons who perform surgery there, including your surgeon, Dr. \_\_\_\_\_.

Further, as indicated below, goods or services that have been prescribed to you are available elsewhere on a competitive basis including:

- Outpatient Surgery
- GI Procedures
- Pain Management
- Other \_\_\_\_\_

**ALL OF THESE SERVICES ARE AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS AND YOU CAN DECIDE TO SECURE THEM AT ANOTHER FACILITY OF YOUR CHOICE.**

Please acknowledge that you have read and understand this disclosure by dating and signing this form in the spaces provided below. (I/We) will keep the signed original in your patient file and you will receive a copy.

ACKNOWLEDGMENT

I HAVE READ THIS Notice to Patients, and understand the disclosure that it contains.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Guardian

**Please fax to 520-731-5521**