

NOTICE TO PATIENTS

As a perspective patient of the Oklahoma Kidney Stone Center we are pleased to inform you of the following:

DISCLOSURE OF PHYSICIAN OWNERSHIP

1. The Surgery Center is fully owned by physicians and meets the federal delineation of a physician owned facility as specified in 42 CFR 489.3 A list of the physician owners is available upon request.
2. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than the Oklahoma Kidney Stone Center.
3. You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

DISCLOSURE OF EMERGENCY RESPONSE PLAN

1. The Center has arranged for one or more physicians to be on-site at the Center and available to respond to medical emergencies during daytime hours of operation, Monday through Friday. However, we cannot guarantee that a physician will be present at the Hospital at all times. The Center has taken certain measures to ensure that qualified and properly trained medical personnel are available to respond to any medical emergency that may arise when a physician is not present at the Center.
2. The Center staff is experienced and qualified registered nurses who will contact your physician or the physician on call in case of an emergency.
3. If you would like additional information about the Center’s capabilities for handling medical emergencies please contact the Clinical Manager, at (405) 604-4160.

If you have any questions regarding the information contained in this Notice to Patients, please feel free to ask your physician or a representative of the Center. We welcome you as a patient and value our relationship with you.

ACKNOWLEDGEMENT OF DISCLOSURE

By signing the Acknowledgement of Disclosure, you acknowledge that you have read and understand the Notice of Patients Regarding Physician Ownership and patient safety measures.

Signature of Patient

Date

Signature of Parent or Guardian, if applicable

Date

Printed Name of Parent or Guardian, if applicable

Witness

Date/Time



OKLAHOMA KIDNEY STONE CENTER

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Place Patient Sticker Here