CATARACT CENTER FOR THE ADIRONDACKS

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PLATTSBURGH ASC, LLC

DISCLOSURE OF PHYSICIAN OWNERSHIP

KJELL DAHLEN, MD AND BENJAMIN VILBERT, MD

NOTICE TO PATIENTS

Please carefully review the information contained in this notice.

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 a financial interest, New York State passed a law. The law prohibits me, with certain exceptions, from referring you for clinical laboratory services, pharmacy services or x-ray or imaging services to a facility in which I or any of my immediate family members have a financial interest. If any of the exceptions in the law apply, or if I am referring you for other than clinical laboratory, pharmacy, or x-ray or imaging services, I can make the referral under one condition. The condition is that I disclose this financial interest 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.

As an owner of Plattsburgh ASC, LLC, I have a financial relationship with Plattsburgh ASC, LLL, which owns and operates Cataract for the Adirondacks.

For more information about alternative providers, please ask me or my staff. 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.

If you have any questions concerning this notice, please feel free to ask me or any representative of my office. We welcome you as a patient and value our relationship with you.

By signing this Disclosure of Physician Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that I have an ownership interest in **Plattsburgh ASC, LLC and Cataract Center for the Adirondacks**.

_____ _____

Signature of Patient Signature of Parent or Guardian (if applicable)

_____ _____

Type or Print Name of Patient Type or Print Name of Parent or Guardian (if applicable)

Date: _____ Print Form

HEA 99538.1