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Arizona State Board of Medical Examiners

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MEMORANDUM

TO: Arizona Licensee

FROM: Claudia Foutz

CC: All Board Members

SUBJECT: Financial Disclosure Form

The attached page contains the format of the Financial Disclosure Form required by A.R.S. §32-1401(25)(ff) which was adopted by the Board during its April 2000 meeting in Phoenix. The form is presented on one page to aid you in copying it "as is" for use in your practice. However, slight modifications intended to personalize the form including the use of your letterhead are acceptable provided the content of the form remains intact.

If you wish to make minor modifications to the form but are unsure if your changes will put you outside the intent of the statute, please do not hesitate to contact Ron Anderson, Enforcement Administrator, at 480-551-2700.

CF/DS
Rev. 3/00

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

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. (I/We) support this law, because it helps patients make reasoned financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that (I/We) have a direct financial interest in the diagnostic or treatment agency or in the non-routine goods or services named below. Further, as indicated below, goods or services that (I/We) have prescribed are available elsewhere on a competitive basis.

DIAGNOSTIC OR TREATMENT AGENCY OR NON-ROUTINE GOODS AND SERVICES:

ARE THESE AVAILABLE ELSEWHERE ON A COMPETITIVE BASIS?

YES

NO

IF YES, WHICH ONES?

The law provides for the acknowledgement of your having read and understood these disclosures by dating and signing this form in the spaces provided below. (I/We) will keep the signed original in your patient file; you will receive a copy.

ACKNOWLEDGEMENT

(I/We) have read this Notice to Patients, and (I/We) understand the disclosures that it contains.

Dated this _____ Day of _____, 20____.

Signature of Patient or Guardian