



## Physician Disclosure

Dear Patient,

California Law imposes disclosure requirements for Physicians that have a financial interest in a facility to which they refer patients. In compliance with these laws, please be advised that Dr. \_\_\_\_\_ has a financial interest in Summit Surgery Center of Santa Barbara where your surgery is scheduled to be performed.

If you have any questions regarding the law or if you would prefer that your surgery not be performed Summit Surgery Center, please let us know so we can provide answers to your questions or, if necessary, make other arrangements for you.

By signing below you acknowledge that you have read this Disclosure and that you understand that Dr. \_\_\_\_\_ has a financial interest in Summit Surgery Center.

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Patient's Signature

Date