**PHYSICIAN OWNERSHIP DISCLOSURE FORM**

During the course of your physician/patient relationship with Stephen Baldwin, MD, Stephen Baldwin, MD may refer you to PMC Regional Hospital, (the “Hospital”). The address of the Hospital is 4023 Reas Lane, New Albany, IN 47150.

In connection with any referral to the Hospital, you are hereby advised that Stephen Baldwin, MD has an investment interest in the Hospital and therefore will receive, directly or indirectly, remuneration as a result of such referral.

This information is being provided to you to help you make an informed decision about your health care. You have the right to choose your health care provider. You have the option of obtaining health care ordered by your physician at a different facility other than PMC Regional Hospital.

You will not be treated differently by your physician if you choose to use a different facility.

Should Stephen Baldwin, MD at any time refer you to the Hospital and you prefer to use a different health care provider, you will be advised of alternative health care providers and your right to choose one of these alternative health care providers.

By signing below you acknowledge that should you be referred to the Hospital, your signature below evidences your informed decision to decline the option to have your health care provided at another health care facility.

Lastly, you further acknowledge by signing below that you signed Physician Ownership Disclosure Form prior to Stephen Baldwin, MD’s referral of you to the Hospital.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_