

## DISCLOSURE OF PHYSICIAN OWNERSHIP

I understand that my physician may be an owner of and have an interest in Texas International Endoscopy Center. As an owner in the Center, my physician has input and influence over the quality of the staff, facility, and patient care at the Center. The Center believes that this provides the patient with excellent treatment and care relative to other facilities where my physician has little or no control or influence over operations. I understand that I have the right to choose the provider of my healthcare services. Therefore, I have the option to use a healthcare facility other than Texas International Endoscopy Center with out being treated differently by my physician.

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Patient or Legal Guardian Signature

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Date