

**PHYSICIAN OWNERSHIP DISCLOSURE FORM
NOTICE TO PATIENTS**

During the course of your physician/patient relationship with Dr. Catherine Holt; Dr. Holt may refer you to Baylor Scott & White Medical Center – Frisco. The address is 5601 Warren Pkwy, Frisco, TX 75034.

In connection with any referral to the Hospital, you are hereby advised that Dr. Catherine Holt has an investment interest in the Hospital.

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 Baylor Scott & White Medical Center – Frisco. You will not be treated differently by your physician or Baylor Scott & White Medical Center – Frisco if you choose to use a different facility. If desired, your physician can provide information about alternative 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 the Physician Ownership Disclosure Form prior to Dr. Catherine Holt's referral of you to the Hospital.

Date: _____, 20____

Signature of Patient: _____

Printed Name of Patient: _____

If you have any questions concerning this notice, please feel free to contact Danielle @ 214-297-0000.