



Disclosure of Physician Interest and Emergency Response Plan

Avala Patient

Avala has financial relationships with a number of physicians, some of whom have an ownership interest in the hospital, and some of whom are paid by the hospital for services they provide.

You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Avala.

You will not be treated differently by your physician if you choose to use a different facility. If desired, your physician can provide information about alternative providers.

If the physician who recommended the hospital to you is on the list below and if his or her financial relationship with the hospital concerns you, you may be treated at an alternative facility if there is one available. If you would like to discuss your options for treatment at other facilities, or if you have any questions about this disclosure, please ask the person providing you with this form for assistance.

Physicians with financial interest in Avala are:

- Jason Rudd, MD
- Jeremy James, MD
- Kevin Darr, MD
- Paul van Deventer, MD
- Reiss Plauche, MD
- Ronald Segura, MD
- Samer Shamieh, MD
- Thomas Lavin, MD

Disclosure of Emergency Response Plan

Avala has arranged for one or more physicians to be on-site at the hospital and available to respond to medical emergencies. However, we cannot guarantee that a physician will be present at the hospital at all times. In the event of an emergency, the nursing supervisor and Anesthesiologist are on call and readily available.

All registered nurses in the facility are required to be BLS (Basic Life Support) certified and per job description may be required to be ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) certified in order to identify and respond to emergencies. In addition, Avala has emergency equipment necessary to provide care per ACLS protocol. Should a situation arise that requires transport, Avala will call Acadian Ambulance or emergency services to arrange transport to the nearest facility available.

By signing below, you acknowledge that you have read and understood the foregoing disclosure and that you have had an opportunity to ask questions and discuss options for treatment at other facilities.

Patient Name (Please Print)

Date

Patient Signature/Family Member

Relationship to Patient