

## Notice of Disclosure of Investment Interests

Provider's Name: \_\_\_\_\_  
Provider's Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Fax: Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

According to the O.C.G.A. § 43-1B-5, any healthcare provider shall not refer patients to another entity or healthcare provider in which the healthcare provider has an investment interest, unless prior to the referral, the healthcare provider furnishes the patient with a written disclosure form, approved by the Board, of such interests.

As a patient of \_\_\_\_\_, you may be referred to other  
(Name of Licensed Physical Therapist or Entity)  
healthcare providers, entities or suppliers for services. It is your right as a patient to be informed

that \_\_\_\_\_ has an investment or investment interests in  
(Name of Licensed Physical Therapist or Entity)  
the following health care providers, entities and suppliers:

Name	Address

**AS A PATIENT, YOU HAVE THE RIGHT TO obtain or refuse care, treatment and/or services from any healthcare provider, entity or supplier to which the patient is referred, including those listed above, unless otherwise restricted by law. If you self-refer to a different provider, entity or supplier, please notify this office so that we may update your records to reflect the most accurate and current health information.**

This Notice of Disclosure of Investment Interests form has been approved by the Georgia State Board of Physical Therapy and shall be posted in a conspicuous public place in the this office in compliance with O.C.G.A.43-1B-5.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Posted: \_\_\_\_\_