



BROWARD HEALTH DISCLOSURE FORM FOR PHYSICIAN OWNERSHIP & FINANCIAL ARRANGEMENTS

In order to ensure that Broward Health complies with federal and state laws concerning financial arrangements between physicians and entities that provide certain health care services, we require all physicians, vendors, and contractors to provide us with the information set forth on the next page.

For purposes of answering these questions, the following definitions apply:

Broward Health means the North Broward Hospital District, d/b/a Broward Health. The term includes all employees of Broward Health and all Broward Health-affiliated entities including, but not limited to, hospitals, ambulatory surgery centers, home health centers, hospices, home health agencies, physician practices, outpatient imaging centers, service centers, joint ventures and all Broward Health departments, groups, and divisions.

Broward Health Regions/Facilities or Affiliates include but are not limited to the following:

- Broward Health Medical Center
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health North
- Broward Health Community Health Services
- Broward Health Gold Coast Home Health & Hospice
- Broward Health Weston (including Urgent Care Centers)
- Broward Health Physician Group
- Children's Diagnostic & Treatment Center
- Broward Health Foundation

Immediate family member means the following individuals: husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Ownership or investment interest includes a financial or legal interest held through equity, debt, or other means. An ownership or investment interest includes, but is not limited to, stock, stock options (excluding stock options that have not been exercised or convertible securities that have not been converted to equity), partnership shares, limited liability company memberships, as well as loans, bonds, or other secured financial instruments.

Physician means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The term physician also includes a group practice of two or more physicians who practice medicine through a single entity, who have a common trade name, or who practice at the same location.

No.	Question	Yes	No
1	Do you or any immediate family member have a direct or indirect ownership or investment interest in an entity that provides health care services to a Broward Health Region/Facility or Affiliate? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services to a Broward Health Region/Facility or Affiliate).		
2	Do you have an immediate family member who is employed by, contracted with, or does business with Broward Health?		
3	Are you in any capacity affiliated with a company owned in whole or in part by a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		
4	Are you in any capacity affiliated with a company owned in whole or in part by any person (other than a physician or an immediate family member of a physician) who may refer patients to a Broward Health Region/Facility or Affiliate?		
5	Are you in any capacity affiliated with a company that employs or contracts with a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		

Please provide additional detail for each question you have responded to with "Yes," including a description of your involvement with the company or entity:

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify the relevant Broward Health Region/Facility or Affiliate of any changes in the above-disclosed information.

Physician/Vendor/Contractor Signature

Date

Print Name

Title