



## DISCLOSURE OF PHYSICIAN OWNERSHIP IN HEALTHCARE FACILITIES

Please carefully review the following information:

Your physician, \_\_Harvey “Guy” Van Dell,IV,M.D., Saly Thomas, M.D., is required by federal and state law to disclose any ownership or financial interest in any healthcare facilities to which our patients may be referred. Your physician holds an ownership interest in Texas Health Presbyterian Hospital Flower Mound (“THFM”). Please contact the scheduler at THFM for a current list of physician owners or go to [www.texashealthflowermound.com](http://www.texashealthflowermound.com).

We respect your right to choose not only your physician, but also where you wish to receive medical care. You will not be treated differently by your physician if you choose to use a different facility. We encourage you to ask questions or discuss any concerns you have with us at the time of your office visit.

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### ACKNOWLEDGMENT:

I have been notified, at the time of referral, that my physician and other treating physician(s) have an ownership interest in Texas Health Presbyterian Hospital Flower Mound. I further acknowledge this disclosure will be maintained in my medical record and made available to Texas Health Presbyterian Hospital Flower Mound.

Patient Name (please print) \_\_\_\_\_

### SIGNATURE:

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

OR

Legal Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_