

# Physician's Disclosure of Financial Interest

**Henry Fertility**

**Michael A. Henry, M.D.**

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**Lafayette Women's Clinic**

3920 E. St. Francis Way Ste. 219  
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**Aegis Women's Clinic**

2920 McIntire Drive, Suite 250  
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Date:
To:
Patient Name
Address

Indiana law (I.C. 25-22.5-11) generally requires a physician to make certain disclosures to a patient when the physician refers the patient to a health care entity in which the physician has a financial interest. While you are a patient, I may refer you, or the named patient for whom you are legal representative, to one of the health care entities listed below in which I have a financial interest. In each case, you may choose to be referred to another health care entity.

**Beltway Surgery Center  
Clarian North Medical Center  
Center for Reproductive Biology of Indiana**

**PATIENT ACKNOWLEDGEMENT**

I, the above named patient, or legal representative of such patient, hereby acknowledge receipt of, on the date indicated above, a copy of the foregoing Physician's Disclosure of Financial Interest.

\_\_\_\_\_  
(Signature of Patient or Patient's Representative)

\_\_\_\_\_  
(Name Printed)