## Russell C. Lam, MD, PA

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## Physician Ownership Disclosure

## **Notice to Patients**

In order to allow you to make a fully informed decision about your health care, the physicians of Lam Vascular and Associates or Russell C. Lam, MD, PA (the "Practice") would advise you that at some point during the course of your treatment, you may be referred or treated in our noninvasive ultrasound imaging center or Office Based Surgery Laboratory (Angio Suite) in which the physicians in the practice manage and own a direct financial interest.

The Texas Medical Board and the Center for Medicare and Medicaid Services also required that our physicians provide public information about their financial interests with healthcare facilities. Therefore, this document serves as notice to you of the financial interests and ownership for Lam Vascular and Associates or Russell C. Lam, MD, PA.

Our physician(s) are owners of the following health care-related facilities:

- Angio Suite at Lam Vascular and Associates, 8210 Walnut Hill Lane, Building 1, #505, Dallas, TX 75231
- Non-invasive ultrasound imaging performed at Lam Vascular and Associates;
  - o 8210 Walnut Hill Lane, Building 1, #505, Dallas, TX 75231
  - o 4450 Tubbs Road, Rockwall Texas 75032

You have the right to request services at the provider or facility of your choice and are not required to use the facility suggested by your physician. Please advise your physician of your concern and you will be referred to another comparable facility.

You will not be treated differently by Lam Vascular and Associates or Russell C Lam, MD, PA or by your physician differently if you choose to not use the products, facilities, or services initially recommended by your physician. Not all alternative facilities and services are comparable and accessible for the surgeon to use, however. Your surgeon is a member of the medical staff of Texas Health Resource Dallas, Dallas Regional Medical Center, and Texas Health Resource Arlington, and will work to provide you with the appropriate products and services at the facility most convenient for you that offers the level of care that you need.

If you have any questions about this notice, please discuss them with your surgeon or the Practice Manager.

X		
Signature	Patient Name (please Print)	
Date		