

Benjamin Lee, MD
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Bel Air, Maryland 21015
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Fax: (443) 484 2831

Rights and Responsibilities Agreement Form

I have read and received a copy of Dr. Benjamin Lee's Rights and Responsibilities Form and I agree to abide by my responsibilities as a patient and expect my rights to be met.

Signature

Date

Privacy Policy Statement Agreement Form

I have read and received a copy of Dr. Benjamin Lee's Privacy Policy Statement.

Signature

Date

Disclosure of Physician Ownership Notice to Patients

Please carefully review the information contained in this notice.

1. Benjamin Lee, MD, is an owner of Chesapeake Pain Center of Bel Air.
2. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Chesapeake Pain Center.
3. You will not be treated differently by your physician if you choose to obtain health care services at a facility other than Chesapeake Pain Center.

If you have any questions concerning this notice, please feel free to ask your physician or any representative of Benjamin Lee, MD. We welcome you as a patient and value our relationship with you.

By signing this Disclosure of Physician Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that your physician has an ownership interest in Chesapeake Pain Center.

Signature

Date

Printed Name of Patient