**OPEN PAYMENTS DATABASE PHYSICIAN’S NOTICE TO CLIENTS**

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| **CLIENT INFORMATION** |
| LAST NAME:       | FIRST NAME:      | MIDDLE INITIAL:      |
| IF YOU ARE NOT THE CLIENT, PRINT YOUR NAME:       | RELATIONSHIP TO CLIENT:      |

As required by State Assembly Bill AB1278, physicians are required to provide the following notice to patients regarding the Open Payments Database which is managed by the U.S. Centers for Medicare and Medicaid Services (CMS):

“The Open Payments Database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. If can be found at <https://openpaymentsdata.cms.gov>”

Additional information or questions can be directed to the web address noted above.

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| I acknowledge receipt of the Notice of Open Payments Database |
| CLIENT SIGNATURE:  | DATE: |

A copy of this notice has been provided to the client. [ ]

A copy shall be maintained as part of client’s record. [ ]

A copy shall be retained by Program. [ ]