Notice to Patients: Open Payments Database

Patient Acknowledgement Form

Pursuant to California Assembly Bill (AB) 1278, and in the spirit of transparency, public education and awareness, physicians are required to provide notice to their patients regarding the **Open Payments database**, which is managed by the U.S. Centers for Medicare & Medicaid Services, or CMS, that that patients acknowledge in writing that they have been provided with the notice.

The federal Physician Payments Sunshine Act requires that detailed information about payments of value worth over ten dollars ($10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page can be found at https://openpaymentsdata.cms.gov.

Please sign below that, pursuant to California Assembly Bill (AB) 1278, we have provided you notice regarding the Open Payments Database. Thank you for your cooperation.

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I acknowledge that I have been provided notice of the Open Payment Database pursuant to California Assembly Bill (AB) 1278.

Printed Name of Patient or Personal Representative:_____

Signature of Patient or Personal Representative:_____

If Personal Representative, state relationship to Patient:_____

Date:_____