

MIDTOWN PSYCHIATRY AND TMS CENTER

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Disclosure of Ownership

State and federal guidelines may require physicians that may have an ownership interest in a facility to which the physician refers patients disclose the information listed below. In the interest of providing our patients with complete information, we are providing the names of the outside facilities where the physician of this practice may have an ownership interest.

Patient Resource Group
14330 Midway Rd. Bldg. 1 Suite 128
Farmers Branch, TX 75244
239-994-4785

You have the right to choose the provider of your healthcare services. Therefore, you have the option to use a health care facility other than the ones listed above. You will not be treated differently by your physician if you choose to obtain services at a facility other than the ones listed above. By signing this Disclosure of Physician Ownership, you acknowledge that you have read and understand the foregoing notice and hereby understand that your physician may have an ownership interest in the facilities listed above. If you have any questions about this, please contact and ask for the practice administrator.

Patient Signature

Date