

Gynecology & Obstetrics Associates of Tallahassee

NOTICE TO OBSTETRICS PATIENTS

See Section 766.316, Florida Statutes

I have been furnished information by the physicians of *Gynecology & Obstetrics Associates*, prepared by the Florida Birth Related Neurological Injury Compensation Association (NICA), and have been advised that the physicians of *Gynecology & Obstetrics Associates of Tallahassee* (Jana Bures-Forsthoefel, M.D. and Dorothy White, M.D.), the midwives of *Gynecology & Obstetrics Associates* (Victoria Gordon, CNM); the covering physicians and in an emergency any Tallahassee Memorial Healthcare staff obstetricians including but not limited to (Alex J. Brickler, III, M.D., David Dixon, D.O., Alex Franz, M.D., Andrea King-Friall, M.D., Kenneth McAlpine, M.D., Alfredo Nova, M.D., Vicki McKinnie, M.D., Christopher Sundstrom, M.D. and all Family Practice residents) and covering on-call physicians are participating physicians in that program, wherein certain limited compensation is available in the event certain neurologic injury may occur during labor, delivery or resuscitation. The physician or covering physicians of *Gynecology & Obstetrics Associates of Tallahassee* deliver at Tallahassee Memorial Healthcare, also a NICA provider. For specifics on the program, I understand that I can contact the Florida Birth Related Neurological Injury Compensation Association (NICA), P. O. Box 14567, Tallahassee, FL 32317-4567 or call (850) 488-8191. I further acknowledge that I have received a copy of the brochure prepared by NICA.

DATED this _____ day of _____, 20_____

Signature

Name of Patient (Print)

Date of Birth

Attest:

Nurse or Physician

Date

This form is informational only, and each person, participating physician or hospital should contact their own attorney to ensure compliance with Section 766.316, Florida Statutes