

# **Coalville & Kamas Health Centers**

## **WRITTEN EXPLANATION OF BINDING ARBITRATION**

A binding arbitration agreement requires a patient to submit all future medical malpractice claims to arbitration instead of having the claim heard in court by a judge or jury.

An arbitrator is a person chosen to resolve disputes after hearing the information presented by both sides. You select an arbitrator, your doctor selects one, and you and the doctor agree on a third arbitrator. In the event the parties do not agree, the third arbitrator will be selected by the other two arbitrators from a court-issued list of arbitrators.

You pay for the fees and expenses of your arbitrator, the doctor pays for his or her arbitrator, and the fees and expenses of the third arbitrator are shared equally.

You have the right, at your expense, to be represented in arbitration by an attorney.

By choosing arbitration, you may also have the right to require mediation. Mediation occurs before arbitration. Mediation is a process by which a neutral person tries to help the parties reach a mutually agreeable resolution of their dispute. The cost of mediation is shared equally.

- The arbitration agreement is renewed each year unless it has been canceled in writing before the renewal date.
- You have the right to have all of your questions about arbitration answered.
- You have the right to rescind the agreement within ten (10) days of signing the agreement.
- You have the right to decline to enter into the agreement and still receive health care.

## ACKNOWLEDGMENT

PLEASE  
INITIAL

- \_\_\_\_\_ I have received a Written Explanation of Arbitration and I have been verbally encouraged to read both the Written Explanation and the Arbitration Agreement.
- \_\_\_\_\_ I have had the right to ask questions, I have been verbally encouraged to ask any questions, and I have had all my questions answered.
- \_\_\_\_\_ I understand that any claim I might have must be resolved through the dispute resolution process in the Arbitration Agreement instead of having them heard by a judge or jury.
- \_\_\_\_\_ I understand that I can decline to enter into the Arbitration Agreement and still receive health care.
- \_\_\_\_\_ I have received a copy of the Arbitration Agreement.
- \_\_\_\_\_ I understand that I can rescind the Arbitration Agreement within 10 days of signing it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Signature of Patient or Patient's  
Representative

A copy of the Arbitration Agreement and the Written Explanation of Binding Arbitration were provided to \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Physician or Authorized Agent