

**New Jersey Urology, LLC**

**Policies and Procedures**

**Disclosure of Financial Interest**

**Policy:** A Disclosure of Financial Interest (in the form attached hereto) (hereinafter, the “Form”) shall be printed on at least 8 ½ x 11 paper and posted in a conspicuous location in the waiting room of Prostate Cancer Treatment Center of New Jersey

**Policy:** A copy of the Form, with a place for the patient to sign and date to acknowledge receipt, shall be given to any patient who has been diagnosed with cancer and comes to the Center for a radiation oncology consultation. The Form shall be provided to each patient in compliance with the procedures set forth below.

<p><b>Procedure 1:</b></p>	<p>Upon checking in at the Center for the first time (typically when the patient comes to the Center for a radiation oncology (“RO”) consultation), the patient shall be given a copy of the Form to review and sign. Once the acknowledgement portion of the Form has been completed by the patient, a copy of the Form shall be made and provided to the patient. The original shall be placed in the patient’s medical record.</p>
<p><b>Procedure 2:</b></p>	<p>Each <b>NJU</b> radiation oncologist who sees a newly diagnosed cancer patient for an RO consultation and deems that patient to be an appropriate candidate for IG-IMRT shall take the following steps and place the following notation in the patient’s EMR: “As part of my consultation, I conducted an extensive medical examination that included a review of the patient’s medical chart and pathology reports related to the patient’s cancer diagnosis, a complete physical examination, and an interview with the patient to learn of the patient’s family and medical history. I made an independent, professional judgment about the full range of appropriate treatment options for the patient and discussed those options with the patient. I recommended IG-IMRT as an appropriate treatment option for the patient and informed the patient that there are alternative locations available at which the patient can receive IG-IMRT.</p>
	<p>If a patient chooses to be treated with IG-IMRT and also chooses to have that treatment furnished at the Center, prior to scheduling the patient for IG-IMRT, the individual scheduling the appointment at the Center shall confirm that the patient has in fact received and completed the acknowledgement portion of the Form. If this has not occurred, the patient shall be given the Form and asked to complete the acknowledgement portion. As per Procedure 1, the original shall be placed in the patient’s medical record and a copy given to the patient.</p>