

UTAH EYE CENTERS
WRITTEN EXPLANATION OF ARBITRATION

1. A binding arbitration agreement requires a patient to submit all future medical malpractice claims to arbitration instead of having those claims heard in a court by a judge or jury.
2. An arbitrator is a person chosen to resolve disputes after hearing the information presented by both sides. A panel of three arbitrators will hear the information presented by both sides and then render a final decision. You select an arbitrator, your doctor selects an arbitrator, and you and the doctor agree on a third arbitrator. In the even we cannot agree, the third arbitrator will be selected by the other two arbitrators from a court-issued list of arbitrators. You and your doctor may also agree that the dispute be heard by only one arbitrator.
3. 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. Should the parties agree that only one arbitrator be selected, the parties will equally share the fees and expenses of the arbitrators.
4. You have the right, at your expense, to be represented in arbitration by an attorney.
5. By choosing arbitration, you 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.
6. Whether you sign the arbitration agreement or not, is up to you. You will not be treated any differently if you choose not to sign the agreement.
7. You have the right to rescind the agreement within ten (10) days of signing the agreement.
8. The arbitration agreement is automatically renewed each year unless it has been cancelled in writing before the renewal date.
9. You have the right to have all of your questions about arbitration answered.

I have read and understand the foregoing Written Explanation of Arbitration and agree to the terms outlined. I have had the opportunity to ask questions and have my questions answered.

_____ I have received a copy of the complete Arbitration Agreement

_____ I have declined a copy of the complete Arbitration Agreement

Name of Patient

Date

Signature of Patient or Patient's Representative