

**NOTICE TO OBSTETRIC PATIENT**

(See Section 766.316, Florida Statutes)

I have been furnished information by Women's Health Partners, LLC prepared by the Florida Birth-Related Neurological Injury Compensation Association (NICA), and have been advised that all providers are participating in that program, wherein certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation. For specifics on the program, I understand I can contact the Florida Birth-Related Neurological Injury Compensation Association, P.O. Box 14567, Tallahassee, Florida 32317-4567, 1-800-398-2129

I further acknowledge that I have received a copy of the brochure prepared by NICA.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed Name of Patient

Social Security No.: \_\_\_\_\_

Attest:

\_\_\_\_\_  
Nurse or Physician

Date: \_\_\_\_\_

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