

**STATE OF FLORIDA MALPRACTICE NOTICE FOR PATIENTS:**

***THIS PHYSICIAN DOES NOT CARRY MALPRACTICE INSURANCE  
NOTICE***

**IMPORTANT NOTICE UNDER FLORIDA STATUTE LAW 458.320**

**PLEASE READ THIS IMPORTANT DOCUMENT AS THESE ARE YOUR RIGHTS UNDER  
FLORIDA STATUTE LAW 458.320**

Dear Patient:

Under Florida law Statute (458.320 F.S.), physicians are generally required to carry medical malpractice insurance or demonstrate financial responsibility to cover potential claims for medical malpractice. I HAVE DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law under certain conditions. Florida law imposes penalties against non-insured physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. This notice is provided pursuant of Florida law statute (459.320 F.S.).

This document **MUST BE SIGNED AND WITNESSED** before you initiate or continue under the care of Benjamin J. Cousins MD,

Thank you,

**Dr. Benjamin J. Cousins MD**

**Note:** No treatment can be provided by Benjamin J. Cousins MD, unless this form has been read and signed. This form is provided to protect your rights under Florida Statute 458.320.

I, \_\_\_\_\_, have read this document  
[PRINT FULL NAME HERE]

And acknowledge and understand its contents.

Signature \_\_\_\_\_, Date \_\_\_\_\_.

Witness \_\_\_\_\_, Date \_\_\_\_\_.

Copy received by patient \_\_\_\_\_.

COPY OF STATUE PROVIDED ON REQUEST OR SIGNS CONCERNING THE FLORIDA STATUTE  
LAW 458.320 ARE POSTED IN OUR OFFICE