

**SPECIAL NOTICE FROM THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF  
TRUSTEES AND UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES AND  
NORTH FLORIDA REGIONAL MEDICAL CENTER OF LIMITED LIABILITY PURSUANT  
TO SECTION 1012.965, FLORIDA STATUTES**

*This notice is provided pursuant to state law. If you have any questions or concerns, please let us know before signing.*

I acknowledge that I have been given this separate written conspicuous notice by the University of Central Florida Board of Trustees, a public body corporate of the State of Florida (“UCF BOT”) and the University of South Florida Board of Trustees, a public body corporate of the State of Florida (“USF BOT”) and North Florida Regional Medical Center that some or all of the care and treatment I receive will or may be provided by UCF BOT healthcare professionals, including faculty physicians, healthcare fellows and residents, and students in training, who are employees and agents of USF BOT, and liability, if any, that may arise from that care is limited as provided by law.

I acknowledge that such UCF BOT and USF BOT health care professionals who are employees and agents of UCF BOT and/or USF BOT are under the control of UCF BOT and/or USF BOT, not the Hospital. UCF BOT and USF BOT health care professionals are not the employees or agents of the Hospital. I understand that the liability of the state or its agencies or subdivisions is limited as provided by Florida law (section 768.28(5), Florida Statutes).

I hereby certify that I am the patient or a person who is authorized to acknowledge for the patient.

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Authorized Representative/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Patient or Authorized Representative/Guardian

\_\_\_\_\_  
Date