

University Center for Assisted Reproduction

1127 Wilshire Boulevard, Suite 1410 • Los Angeles, CA 90017 • (213) 975-9990

MUTUAL ARBITRATION AGREEMENT

Patient Name: _____

This Mutual Arbitration Agreement constitutes an integral part of a contract for medical services, represented by the Conditions of Admission to which this Mutual Arbitration Agreement is attached (the Contract), by and between the facility and physicians who have or may agree to be bound hereunder, and the Patient:

- 1) It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this Contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law and not by a lawsuit or resort to courts process except as California law provides for judicial review of arbitration proceedings. Both parties to this Contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. ★ ★
- 2) Such arbitration shall be in accordance with the current Medical Arbitration Rules of the California Medical Association and California Association of Hospitals and Health Systems. This Mutual Arbitration Agreement shall apply to any legal claim or civil action in connection with outpatient service against the facility or its employees and/or any doctor of medicine who has performed medical services at the facility.
- 3) This Mutual Arbitration Agreement shall bind the parties hereto, including newborns, and the heirs, representatives, executors, administrators, successors, and assigns of such parties and newborns.

★ ★ NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT. ★ ★

DATE

TIME ☐ A.M. ☐ P.M.

SIGNATURE (Patient / Conservator / Guardian)

If signed by other than patient, indicate relationship

FACILITY: UNIVERSITY CENTER FOR ASSISTED REPRODUCTION

SIGNATURE (its duly authorized representative)

A COPY OF THIS DOCUMENT SHOULD BE GIVEN TO PATIENT