



## **Notice & Consent for External Paid Work**

*Copies of this completed form should be provided to the employee and placed in the employment file.*

### **Part A- external work information to be provided by the employee.**

<b>Employee name</b>	
<b>Full legal name of the external entity</b>	
<b>Description of work to be performed</b>	
<b>The employee must inform ARS whether they will be in violation of the external entity's restrictive covenants by working for ARS. ARS will not review documents or render a legal opinion.</b>	Employee's response:    Y        N Provided to:                                  Date:
<b>Proof of malpractice coverage with external entity</b>	<b>Insurer:</b> <b>Policy #:</b>
<b>Proposed start date</b>	
<b>Other information (optional)</b>	
<p>If consent is granted for external paid work, employee is expected to comply with the following terms, in addition to all terms of the ARS employment agreement.</p> <ol style="list-style-type: none"> <li>1. ARS will have no responsibility for or involvement in employee's external paid work.</li> <li>2. Employee will avoid any conflicts of interest or appearances of impropriety.</li> <li>3. While engaged in work with the external entity, employee will neither influence patient referrals to ARS nor receive remuneration for patient referrals to ARS.</li> <li>4. Employee will not influence ARS's customer hospitals to purchase goods or services from the external entity.</li> </ol>	

### **Part B- ARS consent or denial.\***

<b>Consent granted or denied?</b>	
<b>Granted or denied by:</b>	
<b>Date</b>	
<b>Notes (optional)</b>	

\*The ARS Board of Directors must grant requests for physicians. The ARS President or his/her/their delegate may grant requests for APPs.