

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Enforceability of Class Action Waiver

Dear [Patient Name],

This letter serves as a formal notification regarding the Arbitration Agreement and Class Action Waiver included in your Patient Registration and Consent forms signed on [Date of Signature].

Please be advised that by seeking and receiving medical services from [Healthcare Provider Name], you have agreed to resolve any legal disputes through individual binding arbitration. This agreement specifically includes a "Class Action Waiver," which means:

- You waive the right to bring or participate in any class, collective, or representative action against [Healthcare Provider Name].
- All claims must be brought in your individual capacity and not as a plaintiff or class member in any purported class or representative proceeding.
- The arbitrator may not consolidate more than one person's claims and may not otherwise preside over any form of a representative or class proceeding.

This waiver is intended to be enforceable to the fullest extent permitted under the Federal Arbitration Act and applicable state law. This provision does not prevent you from pursuing valid legal claims; it simply dictates the forum and format in which those claims must be resolved.

We encourage you to review your signed copy of the [Agreement Name] for the full text of these terms. If you have any questions regarding this notice, you may contact our administrative office at [Phone Number].

Sincerely,

[Name of Administrator/Officer]

[Title]

[Healthcare Provider Name]