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## HEALTH CARE PROVIDER-PATIENT CONTRACT - GOVERNING LAW AND VENUE

Agreement as to Governing Law and Venue: It is agreed by the patient (or patient's representative) and the Texas Tech University Health Sciences Center at El Paso (TTUHSC) health care provider: (1) that any claim or civil action against a TTUHSC health care provider for medical treatment, lack of medical treatment or other claimed departure from accepted standards of health care rendered to patient will be governed by, construed and interpreted exclusively by the laws of the State of Texas, whether the claim or cause of action sounds in tort or contract, including actions based on battery or wrongful Death. This includes any "health care liability claim" as defined in Chapter 74 of the Texas Civil Practice and Remedies Code; and (2) in the event any dispute, lawsuit or cause of action is brought as a result of medical care rendered to the patient, it may only be filed in a Texas Court in the county where all or substantially all the health care was provided or rendered and in no event, will any lawsuit or cause of action be filed in any other state other than the State of Texas. This agreement applies to any medical services rendered to patient by the provider regardless of when the services were rendered.

**Revocation:** If the patient or authorized representative seeks to revoke this agreement, it must be in written form mailed to: TTUHSC, 3601 4<sup>th</sup> Street, <u>Mail Stop 6237</u>, Lubbock, TX 79430. The revocation will become effective only after thirty (30) days from the date received by Texas Tech Physicians.

NOTICE TO PATIENT: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE REGARDING YOUR MEDICAL CARE DECIDED ONLY ACCORDING TO THE LAWS OF THE STATE OF TEXAS AND IN THE COUNTY WHERE ALL OR MOST OF YOUR MEDICAL CARE WAS RECEIVED.

| By: | Richard Lange, M.D., M.B.A. President Texas Tech University Health Sciences Center | Ву: | Patient's Signature                                  | Date |
|-----|--|-----|--|------|
|     | At El Paso   |     | Print Patient's Name                                 |      |
|     |  | By: |  |      |
|     |  |     | Patient's Representative's Signature (If applicable) |      |
|     | Signature of Translator (if applicable)  |     | Print Representative's Name                          |      |

Copy available upon request