



Statement of Disclosure
Ambulatory Health Care Facility
For all Medical Outpatient Related Uses
Effective Date: August 14, 2014

“City of Choice”

The 2012 Edition of the International Building Code provides for a new definition for the use “Ambulatory Health Care Facility” as follows:

AMBULATORY HEALTH CARE FACILITY. Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing or similar care on a less than 24-hour basis to individuals who are rendered *incapable of self-preservation* by the services provided.

This group may include but not necessarily be limited to the following: Dialysis centers, Sedation Dentistry, Surgery centers, Colonic centers and Psychiatric centers.

The code also outlines new life safety requirements for an “Ambulatory Health Care Facility” as indicated on the attached page (Section 422.) A threshold number of individuals rendered incapable of self-preservation may trigger a fire sprinkler requirement and other life safety requirements prior to the Certificate of Occupancy (C of O) being issued.

A new tenant must execute this form attesting to any pre-existing conditions and facts pertaining to the business model for any doctor’s office, dentist office or other medical office. The code requirements are prospective for any new “Ambulatory Health Care Facility” or for any newly expanded “Ambulatory Health Care Facility”. The code requirements do not affect legal existing businesses that may undergo a name change or new owner. This form will capture the non-conforming elements of the building code. The existing statements will become conditions on any approved C of Os.

If your tenant space is located on the ground floor and you are a “new tenant”, “existing business / new owner”, or “same business owner / new business name” that will utilize medical procedures that (check only one):

_____ will not render any person or patient incapable of self-preservation for any amount of time nor have any medical gases and/or sedatives on site at any time;

_____ will render a maximum number of persons or patients that may be incapable of self-preservation for any amount of time not to exceed 3; or

_____ will render persons or patients incapable of self-preservation for any amount of time and the number of persons or patients that may be incapable of self-preservation for any amount of time will exceed 3.

If your tenant space is not located on the ground floor and you are a “new tenant”, “existing business / new owner” or “same business owner / new business name” will utilize medical procedures that (check only one):

_____ will not render any person or patient incapable of self-preservation for any amount of time nor have any medical gases and/or sedatives on site at any time;

_____ will render one or more patients incapable of self-preservation for any amount of time.

Any change in the use of the business, such as a change in the number of persons / patients affected by treatment that may cause the code requirements to be triggered, may require the building be brought up to standard or result in the loss of a C of O.

I certify that the location of the C of O is: _____ Suite _____
_____ (address). I attest that the answer provided is accurate and understand that if changes are made to increase the number of patients that could be rendered incapable of self-preservation the facility must be made to comply with the adopted code.

Printed Name

Date

Signature