Custom Family Care
Ivan Pivovarov, MD
279 Hughes Road, Madison, AL 35758
(256) 325-0480

Consent For Treatment and Release of Information

The following information is to be completed by the patient or the patient's legally authorized representative/parent:

I consent to medical treatment for myself or for the patient for whom I am parent or legally authorized representative. I understand that Custom Family Care will share patient information according to federal and state law for treatment, payment, and operations.

I consent to release my health information to:

Name:_____ Phone:_____ Relationship:_____

I understand that the patient is responsible for all charges incurred, regardless of the patient's insurance status. The patient agrees to pay for services as the patient incurs the charges. I authorize the insurance provider to pay Custom Family Care for services rendered.

Signature of Patient: _____ Date: _____

Signature of Legally Authorized Representative: _____

Relationship of Legally Authorized Representative to Patient: _____

Date: _____