

Consent to Care

A patient coming to the doctor gives him/her permission and authority to care for the patient in accordance with appropriate tests, diagnosis, and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases underlying physical defects, deformities or pathologies, may render the patient susceptible for injury. The doctor, of course, will not provide specific healthcare, if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the physician.

“I authorize that payment of authorized insurance benefits be made on my behalf to LiveWell Integrated Health, LLC. I authorize any holder of medical information about me to release to the insurance company and its agents any information needed to determine these benefits payable for service.”

I have read and understand the foregoing.

Patient Name (print): _____ **Date:** _____

Patient Signature: _____

For minors (children under 18)

Parent/Guardian Name (print): _____ **Date:** _____

Parent/Guardian Signature: _____