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(706) 376-3957
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Edward Wysong, M.D. • E. Wade Walker, M.D. • JoDon Garringer, M.D. • B. Jamison White, D.O.

Consent to treat
I authorize and consent to such care, examinations and treatments including, but not limited to, any medical care or treatment, examinations, diagnostic procedures, and the furnishing of such supplies in connection with or relating to treatment as are necessary or desirable in the judgment of the treating physician.

Financial Agreement
I assume full responsibility for all charges incurred for professional services rendered by Hartwell Family Practice physicians. I agree that in return for the services provided to me, I will pay my account at the time of service is rendered or will make financial arrangements satisfactory to the above mentioned medical practice for payment.

I assume responsibility for all monthly finance charges of $3.00 for all unpaid balances on my account.

I understand that I am responsible for paying $25 for any appointments I did not attend and did not cancel prior to the appointment time.

Authorization to Release Medical Information
I authorize my physician or their representative to release any medical information, protected health information pertaining to this period of treatment, including AIDS Confidential Information and psychiatric information, that may be requested by any physician, provider, hospital, healthcare facility for the sole purpose of continuation of care.

I authorize my physician or their representative to release any medical information, protected health information pertaining to this period of treatment, including AIDS Confidential Information and psychiatric information, that may be requested by any physician, provider, hospital, healthcare facility for the sole purpose of claim payment.

I acknowledge that I have read and understand the above policies.

____ ____________________
Patient or Guardian Signature Date

I acknowledge that I have received the Notice of Privacy Practices of Hartwell Family Practice, P.C.

____ ____________________
Patient or Guardian Signature Date