

FREEDOM OF CHOICE FORM

This document is regarding _____, the minor child of _____, who is acting as his or her agent in this matter. This patient's date of birth is _____ and Medicaid ID number is _____.

As this child's agent, I wish to change providers of our Private Duty Nursing services. PediCare Staffing Agency, LLC (DBA PediCare Nursing Agency) is the provider I have chosen to begin care of my child as of _____. I made this decision of my own free will and have not been coerced into doing so. I understand that I have a choice of any qualifying agency of my preference. I have or will notify my child's physician of this change.

Signature and Date