

Speech Pathways

Therapy Services for Pediatrics and Adults

CONSENTS AND ACKNOWLEDGEMENT FORM

Consent for Care and Treatment: I hereby consent to speech-language evaluation, procedures and/or treatments prescribed to my child or me by the Speech-Language Pathologist. I hereby understand that the recommendations made by the Speech-Language Pathologists were based on clinical observations, assessment information, and information provided by me. I understand that providing accurate information to the Speech Pathologist is necessary in order for the SLP to develop an appropriate plan of care. I authorize release of medical information to Speech Pathways for continuity of care. I acknowledge that speech Pathways has not made any guarantee or warranty as to the results of any services or treatments given.

Acknowledgement of Notice of Privacy Practices: I acknowledge Speech Pathways will use and disclose my personal health information or that of my child's for treatment, payment, and other healthcare operations and as otherwise permitted by law. Our notice of Privacy Practices provides further detailed information about how we use and/or disclose protected medical information about you or your child for treatment, payment and healthcare operations, and as otherwise allowed by law. I acknowledge that I have received a copy of the Privacy Practices.

Signature

Date