

P.O. Box 6425

Maryville, TN 37802

info@StidhamSpeech.com

(865) 217-6111

Consent for Services

☐ I authorize Stidham Speech Therapy, LLC to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Stidham Speech Therapy, LLC in writing. In addition, Stidham Speech Therapy, LLC may terminate services by notifying me in writing.

☐ I do not give my consent or am withdrawing my consent regarding Stidham Speech Therapy, LLC rendering evaluation and therapy services to the client named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client or Legal Representative Relationship to Client

Consent for Services