



Community Therapy Speech-Language Pathology, LLC
Info@communitytherapySLP.com
256.384.4860

Consent for Services

☐ I authorize Community Therapy Speech-Language Pathology, 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 Community Therapy Speech-Language Pathology, LLC in writing. In addition, Community Therapy Speech-Language Pathology, LLC may terminate services by notifying me in writing.

☐ I do not give my consent or am withdrawing my consent regarding Community Therapy Speech-Language Pathology, 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