



## CONSENT FOR SERVICES

### Speech-Language Therapy

I authorize KARE 2 COMMUNICATE, LLC to render appropriate speech-language evaluation and speech-language therapy 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 by KARE 2 COMMUNICATE, LLC at any time in writing. In addition, KARE 2 COMMUNICATE, LLC may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding KARE 2 COMMUNICATE, LLC rendering evaluation and therapy services to the client named below.

I agree to allow the person listed below to attend, participate, and receive information, verbal and written, from KARE 2 COMMUNICATE, LLC during speech-language therapy sessions on my behalf in the event that I am not available during the therapy session.

### Listed person

First Name      Last Name

### Name of place (daycare/preschool name or "home") where services will be provided

I request that speech-language services provided by the below named company/person be terminated as of the date written below.

### Previous therapy services

company name    provider name

### Date of Termination



Day Year

### **Client Printed Name**

First Name Last Name

### **Guardian Printed Name**

First Name Last Name

### **Relationship to Client**

### **Today's Date**



Month Day Year