Dynamic Pediatric Speech Therapy, LLC
4482 Commerce Drive, Suite 104
Buford, GA 30518
Contact@dpstllc.com
678-335-6120

Consent for Services

☐ I authorize Dynamic Pediatric 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 Dynamic Pediatric Speech Therapy, LLC in writing. In addition, Dynamic Pediatric Speech Therapy, LLC may terminate services by notifying me in writing.

☐ I do not give my consent or am withdrawing my consent regarding Dynamic Pediatric 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