SPRING INTO SPEECH

PEDIATRIC SPEECH THERAPY LLC

Informed Consent and Treatment Form

This Informed Consent and Treatment Form provides Spring Into Speech with the authority to provide evaluations, treatment and consulting services, as well as the authority to exchange and share information with specified therapists, physicians, and/or service providers for the client indicated below.

I, _____, consent to speech therapy services with Spring Into Speech for my son/daughter, _____, whose date of birth is _____.

I give my permission to Spring Into Speech, LLC, subcontractors and associates to work with and/or observe my son/daughter, at _____ school. I understand that Spring Into Speech, LLC and its subcontractors and associates may speak with the teachers and other professionals at the school about my child.

I also give permission to Spring Into Speech, LLC and subcontractors and associates, to speak with the following professionals regarding my son/daughter:

Name: **Phone Number:**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Spring Into Speech may communicate with me/us by the method(s) checked below:

☐ U.S. Mail

☐ Telephone

☐ E-Mail

☐ Fax

If you have authorized Spring Into Speech to communicate and correspond with you via e-mail, you acknowledge that Spring Into Speech may transmit personal and confidential information to you regarding your child's treatment by email over the Internet. Spring Into Speech will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, Spring Into Speech cannot guarantee the privacy and security of such information. It is your duty to protect your e-mail account, password and computer against access by unauthorized people. Spring Into Speech will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. You agree that should any information sent to you by Spring Into Speech be intercepted or otherwise accessed or modified by an unauthorized third party, you shall fully release, discharge, and hold harmless Spring Into Speech from any damages arising directly or indirectly from such interception or access. You may revoke your authorization for Spring Into Speech to communicate with you by email at any time by written request.

_____   _____
Signature   Date

_____   _____
Signature   Date