

Consent for Services

I authorize Wyoming Speaks Speech Therapy P.C. 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 Wyoming Speaks Speech Therapy P.C. in writing. In addition, Wyoming Speaks Speech Therapy P.C. may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Sweetwater Speaks Speech Therapy P.C. rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Client Date of Birth

Relationship to Client

Signature of Client or Legal Representative