Pediatric Therapy Links, LLC

1151 SW 30th Street Suite E, Palm City, Florida 34990

Phone: (772) 291-2179 · Fax: (772)-600-8274 · info@pediatrictherapylinks.com

Informed Consent for Speech Language Therapy

Patient Name: _____ Patient DOB: _____

I hereby request and consent to Pediatric Therapy Links, LLC to perform treatment and care for my child as prescribed by a physician and/or recommended by a Speech Language Pathologist.

1. I understand and am informed that, as in the practice of medicine, Speech Language therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition prior to treatment.
2. I consent and authorize Pediatric Therapy Links, LLC, to administer treatment under the direction and supervision of a certified and licensed Speech Language Pathologist. In addition:
   - I have seen and agree with the treatment goals and therapy plan.
   - I agree to attend scheduled therapy sessions (see attendance policy).
   - I agree to participate in my child's treatment as appropriate.
   - I agree to help my child carry over the skills learned in therapy at home.
3. I understand that Pediatric Therapy Links, LLC accepts graduate student interns at the practice. I further acknowledge that a student intern may be present and participating in the speech language therapy sessions for my child at Pediatric Therapy Links, LLC. If a student intern is present, the intern will always be under the direct supervision my child's fully Certified and Licensed Speech Language Pathologist.
4. I acknowledge and agree that a parent or legal guardian must be present during each treatment session in the clinic (either in the waiting room or in the therapy room with my child).
5. I understand that all service payments are due at the time of service, and that some therapy may not be covered by insurance. Pediatric Therapy Links, LLC will alert me as soon as possible about any portion of payment that is not covered, and I understand that payment is due immediately upon receipt of that information and that it is my responsibility as the parent or guardian for paying for these uncovered services.

By signing this document, I agree to the above statements and I agree to hold Pediatric Therapy Links, LLC harmless for claims or damages in connection with treatment. This is a contract between myself and Pediatric Therapy Links, LLC, and I understand that it is also a release of potential liability.

_____ _____

Parent Signature Date

Pediatric Therapy Links, LLC

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