

Therapy Innovations



SIGNATURE PAGE

Please read and initial by the appropriate statements.

_____ I have reviewed a copy of the "Notice of Privacy Practices" (*Effective April 14, 2003*) from the office of Therapy Innovations Inc. I understand if I would like to request a change from these practices, I will contact Therapy Innovations Inc. in writing at the above address.

_____ I give permission to Therapy Innovations Inc. to evaluate and provide treatment as needed.

_____ I agree to the "Therapy Services Agreement".

_____ I agree to the "Student Participation Agreement".

_____ I give permission for my child to be treated by a therapy assistant under supervision of a licensed supervising therapist.

Print Child's Name

Print Parent/Guardian Name

Parent/Guardian Signature

Date