



CONSENT AGREEMENT

*This form must be completed before services are provided. For patients under 18 years of age, legal guardian must sign this form.

Treatment Consent

I hereby attest that I have voluntarily for and entered into treatment, or give me consent for the minor or person under my legal guardianship, Thera-Play, PLLC. I understand that I may terminate these services at any time.

Photocopy Authorization

I authorize a photocopy of this form as if it were an original executed consent.

By signing below, you are attesting to the accuracy of the aforementioned statements including all consents and authorizations implied therein. Also, you may request a copy of this agreement.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature (if patient is under 18): _____ Date: _____

Patient's Name Printed: _____

Patient's Signature (if patient is 18 or older): _____ Date: _____