2429 Westport Drive
Norman, OK 73069
Phone: (405) 314-9345 Fax: (405) 708-5353
www.hollandpediatric.com

CONSENT FOR TREATMENT

I consent to the treatment of _____ at Holland Pediatric Therapy (HPT) for speech and language services and authorize the qualified personnel to perform such diagnostic and treatment procedures relevant to the provision of those services. I understand that I may be asked to participate in my child's therapy in the clinic or perform follow-up activities in the home environment.

I understand that the professionals at HPT are required by law to report reasonable suspicions of child maltreatment. I understand that if I or my child is in danger of hurting ourselves and or others, this information may be reported in order to obtain proper protection. I understand that professionals and staff of HPT will keep records and information regarding my child's treatment confidential, except as authorized by me, as required by law, or as needed to protect persons from harm and to respond to reasonable suspicions that harm has occurred. I give permission for the person who brings my child for treatment to provide and to receive information concerning him/her.

I understand that professionals and staff of HPT, when services are billed to a 3rd party insurance provider, will contact and provide information to my insurance carrier in order to obtain payment for evaluation and/or treatment, and to document my child's evaluation results, treatment plan, and diagnosis (as required by applicable contracts). I understand that payment or co-payment, if applicable, is due at the time of service, and that treatment will be postponed if there are unpaid balances, unless other arrangements are made in advance.

I am legally authorized to provide consent to the services received from HPT for the above named child.

_____ _____

Parent or Guardian Name Date

_____ _____

Parent or Guardian Signature Relationship to Child