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**Facilitating Growth**
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# Treatment Consent and Agreement

I, _____, parent/guardian of _____, give permission to Lisa Langweil of *Facilitating Growth* to provide evaluation and therapeutic services as deemed necessary.

**Evaluation Procedure**
I have been educated on the evaluation performed on_____ and am aware that this testing is a combination of informal and standardized measures. Information for this evaluation may have been obtained from teachers, therapists (PT, OT, SLP, SW, etc) parents, siblings, school specialists, physicians, and other healthcare providers.

Initial _____

**Treatment Plan**
I have been educated on the treatment plan for _____ and agree to the goals specified on the plan. I am aware that the treatment plan is based on the recent assessment on _____ and can be amended as needed depending on individual progress.

Initial _____

**Privacy**
I agree that all information (evaluation and treatment) is confidential unless The Authorization to Obtain/Release Information Form is signed. Information can be released to the individuals specified on the release form. Privacy is important to all individuals and information (verbal or written) will not be released unless consent is given.

Initial _____

**Attendance**
I agree that consistent attendance to therapy appointments is important for progress. I am aware that **24 hour notice** be given prior to cancellation of any appointment. A **$25 cancellation fee** will be incurred if adequate notice is not provided. Continuation of therapy will be discussed if 3 consecutive cancellations are accrued.

Initial _____

**Payment**

*Facilitating Growth* is a fee-for-service practice. Full payment is **due at the time services are rendered**. We accept payment in the form of cash or check. *Facilitating Growth* is not a participating provider with insurance companies. The service fee reimbursement is dependent on an individual's insurance benefits. I agree that it is my responsibility to understand referral requirements and insurance benefits of my policy. All documentation for the purposes of reimbursement will be provided by the treating therapist.

Initial _____

**I have read the above information and I agree to all the above stated responsibilities and arrangements.**

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian Date

Received by: _____ Date: _____