Heart of Therapy

5049 Swamp Rd, Suite 305, Doylestown, PA 18923

**CONSENT TO TREATMENT**

The policies and practices of Heart of Therapy are described in the document, “Office Policies and Practices 2023.” You have been given access to a copy of “Office Policies and Practices 2023” for review.

The purpose of this form is:

1. For you to give your consent, in writing, to receive services from Heart of Therapy; or
2. If you are consenting on behalf of your child, for you to give your consent, in writing, for your child to receive services from Heart of Therapy.

I/We understand the following:

* That our decision to seek services from Heart of Therapy is voluntary.
* I have read the document entitled, “Office Policies and Practices 2023,” and I understand the policies and procedures detailed in it.
* I agree to adhere to the policies and procedures detailed in this document and I consent to receive services from Heart of Therapy.
* That I/we have been fully informed about the nature, risks and benefits of treatment, and the availability of treatment options.
* That I/we have had the opportunity to have all questions answered to my/our satisfaction.
* That I am legally competent and have the authority to provide consent for treatment.
* That I have the right to withdraw my consent for this treatment at any time.
* That Heart of Therapy may receive professional consultation regarding patient care.
* I consent to have Heart of Therapy disclose my private information to consultants and colleagues for the purpose of professional consultation.
* I agree that I have reviewed the Good Faith Estimate and have been notified of the No Surprise Act.

Please sign below to indicate that you agree with all statements above and that you consent to receive services from Heart of Therapy.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_