

www.thrivespeechtherapyservices.com

allison@thrivespeechtherapyservices.com

614-327-2879

General Acknowledgement of Forms

☐ I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by Thrive Speech Therapy Services, LLC.

☐ I understand the meaning and intent of the provided forms and agree to all content included.

☐ I have been given an opportunity to ask questions about the provided forms and all questions I’ve asked have been answered to my satisfaction by Thrive Speech Therapy Services, LLC.

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Print Name of Client Date

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Signature of Participant or Legal Representative Relationship to Client