



**Super Speech Solutions, LLC**  
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## **Consent for Services**

I authorize Super Speech Solutions to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Super Speech Solutions, LLC IN writing. In addition, Super Speech Solutions, LLC may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Super Speech Solutions, LLC rendering evaluation and therapy services to the client named below.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Date of Birth

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client