



## **CLIENT ACKNOWLEDGEMENT/CONSENT TO PROVIDE SPEECH THERAPY**

### **AUTHORIZATION FOR TREATMENT**

\_\_\_\_\_ I authorize Meka B. Harris MA CCC-SLP of Naturally Speaking, Inc to perform screenings, evaluations and render treatment of speech-language services.

\_\_\_\_\_ I understand I have the right to end treatment at any time, for any reason without penalty.

\_\_\_\_\_ I understand that Naturally Speaking, Inc has the right to end treatment at any time, for any reason, without penalty. (reasons include, but not limited to: excessive cancellations, unsafe environment or non-payment for services).

### **AUTHORIZATON TO PAY**

\_\_\_\_\_ I understand that I am financially responsible for all charges and fees related to the treatment rendered. Meka B. Harris, owner of Naturally Speaking, Inc has the right to cancel services due to non-payment and take legal action for any unpaid balance.

### **AUTHORIZATION FOR THIRD PARTY**

\_\_\_\_\_ I authorize assignment of benefits (Insurance Company) or outside source to Meka B. Harris for speech and language therapy services rendered.

### **AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_ I authorize Meka B. Harris of Naturally Speaking, Inc to furnish medical information related to speech therapy services provided by Naturally Speaking, Inc. (School, Pediatrician or other service providers for the client)

**I certify that I have read, agree to and fully understand the above statements.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Client's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_