Informed Consent and Release for Occupational Therapy

Child's Name: _____ Child's DOB: _____

I hereby request and consent to Advanced Therapy & Nutrition, PLLC to perform treatment and care as recommended by an Occupational Therapist.

1. I understand and am informed that occupational therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition prior to treatment.
2. I consent and authorize Advanced Therapy & Nutrition PLLC, to administer treatment under the direction and supervision of a licensed Occupational Therapist.
3. I have seen and agree with the treatment goals and therapy plan.
4. I agree to attend scheduled therapy sessions when necessary
5. I agree to participate in my child's treatment as appropriate.
6. I agree to help my child carry over the skills learned in therapy at home.
7. I understand that all service payments are due at the time of service, and that some therapy may not be covered by insurance.
8. By signing this document, I agree to the above statements and I agree to hold Advanced Therapy & Nutrition PLLC, or Angel Vogelsang OTR/L harmless for claims or damages in connection with treatment.

I consent to Advanced Therapy & Nutrition PLLC to provide evaluation and ongoing therapy services. I understand that evaluation results and therapy recommendations are available to me upon request. I authorize the release of information to exchange information between Advanced Therapy & Nutrition PLLC, the Physician's office, Therapist' office and any school records as they apply to the provision of occupational therapy.

I give permission to Advanced Therapy & Nutrition, PLLC to contact my child's physician and therapist to discuss evaluations, results, goals, and treatment when appropriate.

_____ _____
Parent Signature Date

_____ _____
Therapist Name Phone Number

_____ _____
Physician's Name Phone Number

I authorize direct payment to Advanced Therapy & Nutrition, PLLC. Only cash, checks or Venmo @Advancedtherapy-OT

_____ _____
Parent Signature Date