

Informed Consent and Treatment Form

This Informed Consent and Treatment Form provides SpeechKids with the authority to provide evaluations, treatment and consulting services, as well as the authority to exchange and share information with specified therapists, physicians, and/or service providers for the client indicated below.

I, _____, consent to speech therapy services with SpeechKids for my son/daughter, _____, whose date of birth is _____.

I give my permission to SpeechKids, LLC, subcontractors and associates to work with and/or observe my son/daughter, at _____ school. I understand that SpeechKids, LLC and its subcontractors and associates may speak with the teachers and other professionals at the school about my child.

I also give permission to SpeechKids, LLC and subcontractors and associates, to speak with the following professionals regarding my son/daughter.

Name	Tel. #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SpeechKids, LLC
Pediatric Speech Language Pathologists
(202) 306-0505

SpeechKids may communicate with me/us by the method(s) checked below:

- U.S. Mail
- Telephone
- E-Mail
- Fax

If you have authorized SpeechKids to communicate and correspond with you via e-mail, you acknowledge that SpeechKids may transmit personal and confidential information to you regarding your child's treatment by email over the Internet. SpeechKids will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, SpeechKids cannot guarantee the privacy and security of such information. It is your duty to protect your e-mail account, password and computer against access by unauthorized people. SpeechKids will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. You agree that should any information sent to you by SpeechKids be intercepted or otherwise accessed or modified by an unauthorized third party, you shall fully release, discharge, and hold harmless SpeechKids from any damages arising directly or indirectly from such interception or access. You may revoke your authorization for SpeechKids to communicate with you by email at any time by written request.

Signature

Date

Signature

Date