



PATIENT CONSENT FORM

This Agreement for the use of "Sensory Kidz Therapy" is made between:

Patients Name: _____ **and** **Sensory Kidz, LLC**

WHEREAS, Patient finds that Sensory Kidz, LLC is willing to provide services hereinafter described in accordance with the provisions of this Agreement; and

WHEREAS, Patient finds that Sensory Kidz, LLC is qualified to perform the work, all relevant factors considered, and that such performance will be in furtherance of Patient's interest.

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and intending to be legally bound:

- I give consent to a proper evaluation and therapy services in accordance with federal and state laws by means of outpatient therapy, teletherapy or home therapy.
- I consent to the provision of medical treatment given any emergency during my absence as deemed necessary by Sensory Kidz, LLC
- I acknowledge that Sensory Kidz, LLC does not guarantee results regarding patients' treatment
- I also have the right to refuse treatment at any given time without affecting my right to future care or treatment.
- I consent to teletherapy services and electronic modes of communication and understand there are possible privacy risks.
- Furthermore, it is understood that my medical history may be required for proper care, in consideration of this, I authorize the delivery of my medical records to Sensory Kidz, LLC should the need arise.
- I consent for Sensory Kidz ,LLC to release my medical records to other healthcare providers, to my insurance company and all those related to aspects of my treatment and payment of treatment.

SIGNATURE/AUTHORIZED REPRESENTATIVE OF PATIENT

RELATIONSHIP TO PATIENT

DATE

SENSORY KIDZ, LLC REPRESENTATIVE