



## SUBSTITUTE RELEASE

Due to the scheduling needs of the therapists, there may be occasions when a substitute clinician will see the client. The consistency of therapy is extremely important to the client's progress. Please let us know if we may accommodate your child by signing below and agreeing to the substitute therapist.

Agree \_\_\_\_\_ Do Not Agree \_\_\_\_\_

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

## OBSERVATION RELEASE

Speech therapists, within the company, may be asked to observe the client to assist with the diagnosis and treatment plan. This release form permits these clinicians permission to observe.

Agree \_\_\_\_\_ Do Not Agree \_\_\_\_\_

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date

## PAYMENT/CANCELLATION POLICY

I have received a copy and understand the terms of the payment and cancellation policy.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date