



Speech-Language Therapy & Occupational Therapy

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Consent to Treatment

I desire my child (or another child or person for whom I have legal responsibility), (in each case, the “patient”) receive diagnosis, treatment, and/or care from SmallTalk PLLC, a Michigan professional limited liability company, including its therapists and other providers (collectively, the “Provider”), falling within the scope of occupational therapy, speech and language therapy, and/or speech pathology practice, as such practice areas as defined by the American Speech-Language-Hearing Association. **I consent to such diagnosis, treatment, and care.** I understand and acknowledge that no guarantee has been made to me or, if a different person, the “patient” with respect to the outcome of such diagnosis, treatment and/or care.

I acknowledge that I have read and understand this Consent to Treatment. If I am signing this Consent to Treatment on behalf of a child or other person, I represent that I have the legal authorization to do so.

Print Name of Patient (if not Signer): _____

Print Name of Parent/Legal Guardian: _____

Signature: _____

Relationship to Patient: _____

Date: _____