



# Talk Time Therapy, Inc.

## Speech & Language Services

[www.talktimetherapy.com](http://www.talktimetherapy.com)

---

### Parent Consent and Acknowledgement Of Policies & Procedures

\_\_\_\_ (Initials) I give permission to Talk Time Therapy, Inc. to evaluate and provide treatment for my child for speech/language needs.

\_\_\_\_\_ (Initials) I give permission for Talk Time Therapy, Inc. to release my child's speech and language screenings, evaluation reports, and/or therapy notes to my child's primary care physician, school, other therapist, or insurance company, if applicable.

I have read and agree to the policies and procedures outlined in the following forms:

- General Policies and Procedures \_\_\_\_\_(Initials)
- Inclement Weather Policy \_\_\_\_\_(Initials)
- Fee Schedule \_\_\_\_\_(Initials)
- Notice of Privacy Practices \_\_\_\_\_ (Initials)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date