

Ashleigh Hurd, CCC-SLP, LLC
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Tel: 904-678-7795

Consent for Services

I authorize Ashleigh Hurd, CCC-SLP, LLC to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Ashleigh Hurd, CCC-SLP, LLC in writing. In addition, Ashleigh Hurd, CCC-SLP, LLC may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Ashleigh Hurd, CCC-SLP, LLC rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Client Date of Birth

Signature of Client or Legal Representative

Relationship to Client