Ashleigh Hurd, CCC-SLP, LLC
Tel: 904-678-7795
Email: AHurd8@AshleighHurdSLP.com
Teletherapy

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