

Speech Pathways of St. Johns
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General Acknowledgement of Forms

I hereby acknowledge and agree that I had read all the forms and documents provided to me in connection with evaluation and treatment provided by Speech Pathways of St. Johns and/or their employees.

I understand the meaning and intent of the provided forms and agree to all content included.

I have been given an opportunity to ask questions about the provided forms and all questions I've asked have been answered to my satisfaction by Karissa Gussmann of Speech Pathways of St. Johns.

Print Name of Client

Date

Signature of Participant or Legal Representative

Relationship to Client

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