

Speech Pathways of St. Johns
Karissa Gussmann M.A, CCC-SLP
St. Johns, FL
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904-834-1336

Consent for Services

I authorize Speech Pathways of St. Johns 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 Speech Pathways of St. Johns writing. In addition, Karissa Gussmann of Speech Pathways of St. Johns has the right to terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Speech Pathways of St. Johns 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