

# THERAPY ZONE 4 KIDZ

## Acknowledgement of Notice of Clinic Policies, Fee Schedule, Privacy Policies, Practices and Consent to Treatment

By initialing this box, I indicate that I have read and received a copy of the **THERAPY ZONE 4 KIDZ** Notice of Privacy Polices and Practices and authorize use and disclosure of my child's health information for treatment, payment and healthcare operations.

By initialing this box, I indicate that have read and received a copy of the **THERAPY ZONE 4 KIDZ** "Informed Consent for Occupational Therapy Treatment" and that I have been provided a copy of the "Policies and Fees" and all my questions have been answered.

I, \_\_\_\_\_ agree to follow the  
(print name of parent/guardian)

policies and fee schedule and give **THERAPY ZONE 4 KIDZ** my consent of treatment for

\_\_\_\_\_  
(print name of child)

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**Parent/Guardian Signature**

**Date**

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**Relationship to Child**