



Consent for Services

I authorize Arianny Orellanes, 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 The Nest Family Center in writing. In addition, The Nest Family Center may terminate services by notifying me in writing.

I, the undersigned, do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for The Nest Family Center to administer occupational therapy treatments to the Minor.

Confidentiality

I understand that it is my choice to have someone else present during the visit, and that anyone who sits in on the visit will have access to my healthcare information and my confidentiality may not be guaranteed. I have provided written notice to Arianny Orellanes of The Nest Family Center of any person(s) I wish to have present during the visit communication.

If I have requested an in-home appointment, I understand that GPS will be used to navigate to my home.

ADMINISTRATIVE POLICIES

Financial Responsibility

The Nest Family Center only accepts fees at the time of each service. Acceptable forms of payment include: Electronic payment, cash, checks

All fees are subject to change by therapist at any time.

Communication

Regular text and email are not secure forms of communication. If choosing to communicate through these mediums, therapist will respond through that medium.

Any third party included on any email, text, or other communication with

The Nest Family Center is granting permission for therapist to communicate my protected health information and that of my children with that third party. The Nest Family Center will not initiate inclusion of any third party on an email or text. I acknowledge that The Nest Family Center is not responsible for any breach of confidentiality made by any person I invite to be present during a visit, or added by me as a third party to text, email or other modes of communication.

Printed Name of Client:

Relationship to Client:

Signature:

Date: