



Pam Manser & Associates

Speech Therapy

Happy, healthy lives blossom here.

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Consent for Services

I authorize Lake Norman Communication Services 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 and/or assistant. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Lake Norman Communication Services in writing. In addition, Lake Norman Communications may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Lake Norman Communication Services 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

Consent for Services