Viktoria Korneeva-Tchaika, MA, CCC-SLP
Jackie Shoimer, MA, CCC-SLP
Michelle Terlovsky, MA, CCC-SLP
Jessica Betines, MA, CCC-SLP

Informed Consent for Therapy Services

LOGOPED LLC
SPEECH-LANGUAGE PATHOLOGY

Patient's Name _____ **DOB** _____

Permission to evaluate and/or treat:

I, _____, acting on behalf of

_____ (the patient) consent to the necessary care and/or treatment of the patient by the fully licensed and accredited therapists working under the authority of **Logoped LLC.** I consent to care and treatment that falls within the scope of speech/language therapy (CPT 92507) and/or oral function/feeding therapy (CPT 92526). I confirm that I have carefully read and understood this Informed Consent Form and have had the opportunity to discuss it with the treating therapist.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS.

Signature: Date:

_____ _____