Informed Consent for Therapy Services

I hereby request and consent to EASTERN THERAPY SOLUTIONS, PLLC to perform treatment and care for myself or my dependent as prescribed by a physician (PCP) or determined medically necessary by a licensed therapist.

I understand and am informed that, as in the practice of medicine, therapy services may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my/my dependent's condition prior to treatment.

1. I acknowledge and agree that a parent or legal guardian must be present during each treatment session, when the patient is a minor.
2. I consent and authorize EASTERN THERAPY SOLUTIONS, PLLC to administer treatment under the direction and supervision of a licensed therapist and/or PCP.
3. I agree to hold EASTERN THERAPY SOLUTIONS, PLLC harmless for claims or damages in connection with treatment. This is a contract between myself and EASTERN THERAPY SOLUTIONS, PLLC, and I understand that it is also a release of potential liability.

I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with a member of EASTERN THERAPY SOLUTIONS, PLLC if I chose.

Patient/Guardian Name:___________________________________ Date:_________________

Signature:____

We look forward to making your progress our priority!