

I, \_\_\_\_\_ acknowledge that Rachel Dubé of Advanced Cognitive Communication Rehab, has discussed the purpose and nature of the assessment/treatment to be administered.

**Please write your initial beside the following statements:**

\_\_\_\_\_ I understand that Advanced Cognitive Communication Rehab is assisting me with my rehabilitation needs subsequent to my motor vehicle accident. The therapist has clearly advised me that another clinician can provide this intervention if I so choose without incurring any consequences.

\_\_\_\_\_ I hereby give my permission to the therapist named above to perform any treatment recommendations.

\_\_\_\_\_ The therapist has explained to me that I may choose to accept or deny participation in assessment or treatment process.

\_\_\_\_\_ The therapist will generate a report and a list of recommendations that will be forwarded to the insurer for their consideration. A copy of the report will be forwarded to my Family Physician to be included in my medical file as well as my legal representative if applicable.

\_\_\_\_\_ I will give my permission to the therapist to share and collect information relating to my condition with my rehabilitation team.

\_\_\_\_\_ I understand that Advanced Cognitive Communication Rehab is complying with the Privacy Legislation. If desired, I understand that I will be provided with opportunity to review their policy and ask questions as needed. I agree to Advanced Cognitive Communication Rehab collecting, using, and disclosing personal information about me as set out in their Privacy Policy.

\_\_\_\_\_ The therapist has explained to me the existence of the College of Audiologists and Speech Language Pathologists of Ontario.

Client's Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_