

I, _____ acknowledge that _____ of Advanced Cognitive Communication Rehab Clinic, 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 Clinic is assisting me with my rehabilitation needs. The therapist has clearly advised me that another therapist 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. A copy of the report will be available to the members of the rehabilitation team.

_____ I give my consent for the therapist to share and collect information relating to my condition with the rehabilitation team.

_____ I understand that Advanced Cognitive Communication Rehab Clinic 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 permit Advanced Cognitive Communication Rehab Clinic to collect, use, and disclose 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): _____