



YES NO

PERMISSION TO USE VIDEO OR PICTURED IMAGES & AUDIO RECORDING

- I give permission for CCL to use video, audio or photos within the clinic setting for educational/therapeutic purposes.
I give permission for video, audio or photos to be used in a conference setting for the purposes to educate parents and/or professionals about therapy approaches.
I give permission for video, audio or photos to be used on CCL's website and marketing materials.

PRIVACY PRACTICE ACKNOWLEDGEMENT

- I have read/received a copy of the CCL Privacy Policy. Please retain a copy of our Privacy Policy for your file.

THERAPY POLICIES

- I have read, reviewed and agree to follow all of the therapy policies as posted on the CCL website.

AGREEMENT TO TERMS OF PAYMENT

- I acknowledge and accept full and complete responsibility for payment of all services rendered to my child at CCL. I acknowledge that I understand the fee schedule and cancellation policy, and agree to both. I understand that health insurance policies are an arrangement between my insurance company and myself, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment. I understand that agreements regarding fee schedules, charges for cancelled appointments and late fees are between me and CCL and are not related to potential insurance coverage.

Parent/Guardian Name

Child's Name

Parent/Guardian Signature

Date