

Waxhaw NC 28173 980-218-5015

Consent Form

Child's Name:	
Parent/Guardian:	
Consent for Treatment of a Minor As parent and/or legal guardian, I authorize Progress in Motion, LLC to	evaluate and treat my child.
Initial here that you read and understand the above	
Consent for Videotaping and Photographing for use at Therapists often videotape or photograph children to help monitor and progress. Videotapes and photos are used and reviewed only by Progre view their child's videotape and/or photos as well. I do do not give consent for my child to be videotaped and/o program for use by Progress in Motion, LLC staff only. Initial here that you read and understand the above	d document a child's areas of concern, as well as ess in Motion, LLC staff. Parents are welcome to
Consent for Billing I understand that I am responsible for all charges incurred for therapy so insurance coverage. I understand that Progress in Motion, LLC bills my am responsible for the bill. I am responsible for keeping Progress in Motion, LLC bills my policy. I understand that if my insurance carrier does not remit payment be responsible for the full balance. Initial here that you read and understand the above	personal insurance carrier as a courtesy and that I otion, LLC up to date on any changes to my plan or
Consent for Release of Information I authorize Progress in Motion, LLC to exchange information regarding agency(s)/name(s) below. This information may include assessments, t progress, and/or telephone consultations. Agency/Name: Agency/Name: Initial here that you read and understand the above	reatment plans, daily notes, verbal summary of Telephone:Telephone:
I understand and agree to the statements as initialed above	
Signature of parent or guardian	 Date

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