

Darcy Kazarian M.S. CCC-SLP
Speech Language Pathologist

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Consent for Services

I authorize Darcy Kazarian M.S. CCC-SLP to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Darcy Kazarian M.S. CCC-SLP in writing. In addition, Darcy Kazarian M.S. CCC-SLP may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Darcy Kazarian M.S. CCC-SLP rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Client Date of Birth

Signature of Client or Legal Representative

Relationship to Client