Restored Hope Therapy Services, PLLC
8594 Park Dr. Mt Pleasant NC 28124
restoredhopetherapyservices@gmail.com
980-290-7311

Consent for Services

☐ I authorize Restored Hope Therapy Services, PLLC 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 Restored Hope Therapy Services, PLLC in writing. In addition, Restored Hope Therapy Services, PLLC may terminate services by notifying me in writing.

☐ I do not give my consent or am withdrawing my consent regarding Restored Hope Therapy Services, PLLC 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