



**121 Hidden Glen Way
Dothan, AL 36303
334-446-1425**

Consent for Services

I authorize Wiregrass Therapy Associates, LLC 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 Wiregrass Therapy Associates, LLC in writing. In addition, Wiregrass Therapy Associates, LLC may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Wiregrass Therapy Associates rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Consent for Services