



Consent for Evaluation and Treatment & Private Pay Agreement

I give consent to have my child _____ evaluated by *Tiny Talkers Therapy Services, Inc.* If it is determined that services are needed; I will receive a copy of the evaluation report and it will be forwarded to my pediatrician at my discretion. I also understand that if I am not a Medicaid member (traditional Medicaid, Amerigroup, or Peach State Healthcare) that I am agreeing to receive services as a Private Pay Client. I also acknowledge that payment is due either at (1) the time of service or (2) at the beginning of each month through the Monthly Pay-up plan. Both options have been explained to me and I fully understand and agree to the terms and conditions. Furthermore, I acknowledge that services will not be rendered to my child if payments are not received. I also understand that I can be switched to a client covered by Medicaid (traditional Medicaid, Amerigroup, or Peach State only) if and when I become eligible by informing Tiny Talkers Therapy Services, Inc. in a timely manner.

Parent/Guardian Signature : _____ Date : _____

Primary Care Physician : _____

CONSENT TO RELEASE INFORMATION

I authorize the release of information to *Tiny Talkers Therapy Services, Inc.* I also authorize *Tiny Talkers Therapy Services, Inc.* to release information to my referring physician and/or educational agencies at my discretion (information won't be released until parent requests).

Parent's Signature: _____ Date _____

Video/Photography Release Form

I hereby authorize *Tiny Talkers Therapy Services, Inc.* to use pictures or videos of my child(ren) for reports sent to insurance companies, referring physicians, and other families for continued care as well as advertising purposes. I understand that I will be notified before pictures or videos of my child(ren) are used.

Parent's Signature: _____ Date _____

ACKNOWLEDGMENT OF PRIVACY PRACTICES

Please acknowledge that the Privacy Practices of *Tiny Talkers Therapy Services, Inc.* has been received in this packet by signing below.

Parent's Signature: _____ Date _____

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