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Consent to Evaluate and Provide Therapy

As required by the Health Information Portability and Accountability Act of 1996 Pathways To Communication may not use your personal health information for the purposes other than treatment, payment or health care operations. The specific uses and disclosures that we intend to make are described in our Notice of Information Practices.

I, _____, authorize Time to Talk, LLC to evaluate and provide the recommended speech and language therapy for _____.
My signature below indicates that I have given Time to Talk, LLC, permission to complete evaluation, assessment, treatment, and planning processes. I have been informed that at any time during these processes, I may revoke this authorization.

I understand that I may revoke this consent at any time by signing the revocation section of my copy of this form and returning it to Time to Talk, LLC. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent and that planning and/or assessment/evaluations that have previously occurred cannot be retracted.

Time to Talk, LLC does not accept insurance, bill insurance, or Medicare/Medicaid. My signature below indicates that insurance will not be used to render payment to Time to Talk, LLC.

Signature of parent/guardian

Print name of parent guardian

Date