



## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission to Skill Builders LLC, and its employees to release information related to my child, \_\_\_\_\_'s, plan of care to:

- 1)\_\_\_\_ Only the people listed below:  
\_\_\_\_\_  
\_\_\_\_\_
- 2)\_\_\_\_ My insurance company.
- 3)\_\_\_\_ All professionals involved in my child's care for information exchange pertinent to my child's treatment program.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

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## SESSION FEEDBACK

In the interest of time, feedback following your child's treatment session is often provided in the waiting room. As other families are often present at that time, this feedback is often able to be overheard. Therefore, we ask that you check and sign one of the following options:

\_\_\_\_\_ I agree to have feedback regarding my child's performance in the treatment session provided by his/her therapist in the waiting room.

\_\_\_\_\_ I would prefer to have feedback regarding my child's performance in the treatment session provided by his/her therapist in a more private setting such as a treatment room. I will come to the therapy room for the final 10 minutes (or longer if requested by the therapist) of the session for feedback/collaboration.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



## AGREEMENT OF PAYMENT

I, \_\_\_\_\_, agree to be responsible for charges incurred in  
(Print name)

the treatment of \_\_\_\_\_. I fully understand that Skill Builders, LLC does not submit insurance claims and it is my responsibility to obtain and submit all necessary documentation to receive such reimbursement. Payment for services is expected at the time of service or within 15 days of receipt of statement if billed monthly. I also accept responsibility for legal fees incurred in obtaining payments should my account become delinquent.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

## RECEIPT OF CANCELLATION AND SICK POLICY

I also acknowledge receipt of Skill Builders cancellation and sick policy dated 09/08/2015 and agree to the terms set forth.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date