



"Gaining Skills For Life"

INFORMED CONSENT

I _____ (Parent/Guardian – please print)
of _____ (Child's name) hereby, authorize and give my
permission and consent to 7 Senses Therapy, LLC to perform evaluations, therapeutic
treatments, and/or area specific classes as prescribed by a physician and/or recommended by a
7 Senses Therapy, LLC Occupational Therapist for the above named child. I acknowledge and
understand that there may be some inherent risk involved in the use of therapy equipment
and/or therapeutic services. I agree to assume such risk and indemnify and hold 7 Senses
Therapy, LLC and all employees harmless from any and all losses and claims for any injuries or
other damages occurring to myself, my child, and/or our belonging. I understand that I will be
informed of the recommended services of the above-named child. I understand that I may
discontinue services at any time.

I acknowledge and agree that a parent or legal guardian must be present or on the premises
during each session, unless I have signed the drop off release form. I have carefully read and
reviewed this Informed Consent Form and have had my questions answered by the 7 Senses
Therapy, LLC Occupational Therapist if necessary. I agree to the above terms.

Current 2020 Discounted Self Pay Prices (prices are subject to change) (TRICARE/CHAMP VA
clients will be billed at the national average rate-co pay required) 1. Initial Evaluation
Standardized (\$250.00 Teletherapy/\$299.00 Clinic/Home), report, POC, goals, and scores
provided. 2. OT session/treatment please see website 3. Teacher Update Note (\$25.00), one
page describing child's current issues and recommendations. 4. Progress or Observation
Report (\$45.00), two-page summary of current progress in therapy or observational notes and
strategies. 5. Re-Evaluation (\$150.00), full comparison between initial evaluations within six
months to one year of therapy. 6. Insurance Claim Prep (\$10.00 one-time set-up fee), detailed
form with coding, and dates of service (when requested).

Signature of Parent/ Legal Guardian

Date