



Cape Therapy Network
Operated by Cape Therapy Network, LLC
681 Falmouth Road, Suite D-24
Mashpee, MA 02649

Occupational Therapy
Evaluation and Treatment Consent Form

I give permission to Cape Therapy Network , also known as Cape Therapy Network, LLC, to evaluate, treat and consult with my child, _____, for Occupational Therapy.

I give consent to Cape Therapy Network to have access to pertinent records including: school, community, medical pertaining to my child.

I give consent to Cape Therapy Network, to discuss the content of these records and evaluations with person(s) whom also have consent and are involved in the education or physical health of my child. This consent extends to oral (meetings or telephone), written or email communications.

This treatment and any other information obtained regarding this child and family will be confidential.

A photocopy of this form carries the same validity as the original.

Date _____

Parent Name

Signature

I hereby acknowledge that I have received a copy of the Cape Therapy Network Parent Handbook.

Please Initial Here