



POLICIES
STATEMENT OF AGREEMENT

(revised as of 1-1-2023)

Please read the Policies and Fee Schedule carefully to understand Peak Potential Therapy’s policies, procedures, processes, and fees before you sign this Policies Statement of Agreement.

I acknowledge that I have received copies of the Peak Potential Therapy Policies and Fee Schedule (pricing of services). I understand that both these documents replace any and all prior verbal and written communications regarding Peak Potential Therapy’s policies, procedures, processes, and fees.

I have read and understand the contents of the Policies and Fee Schedule and will act in accordance with these policies, procedures, processes, and fees as a condition of being a client with Peak Potential Therapy.

I understand that if I have questions or concerns at any time about the Policies or the Fee Schedule, I will consult my Peak Potential Therapy staff, or the owner, Natalie “Holly” Reimann.

I understand that the contents of the Policies and Fee Schedule are simply guidelines, not a contract or implied contract with clients. The contents of the Policies and Fee Schedule may change at any time. If the Policies or the Fee Schedule is updated, I will be asked to sign a new Policies Statement of Agreement.

Finally, I understand that this agreement must be signed, dated, and returned to Peak Potential Therapy, before a staff can begin working with the client.

Parent/Guardian/Caregiver Signature

Client’s Full Name

Parent/Guardian/Caregiver Printed Name

____/____/_____
Date