



Peak Potential Therapy LLC

Developmental & Holistic Approach to Treating Children with Disabilities

POLICIES

STATEMENT OF AGREEMENT

(revised as of 6-1-2014)

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) dated 6/1/2014. 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.

Client's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____