



THERAPY PACKAGE CONSENT FORM

I, _____, have elected to purchase a package of Therapy Sessions for (client name) _____.

I understand that:

1. If a credit card, debit card, or HSA card is my primary payment method, the card will be automatically charged for a new package *unless I cancel services or change the payment method.*
2. Purchased sessions **do not expire.**
3. Purchased sessions are **non refundable** should I elect to cancel therapy services prior to using all sessions, unless an extenuating circumstance presents and is approved *in advance* by *Maria Toth.*

Please note: Regardless of signature, this form is valid and will be upheld, at time of package purchase and remain in effect during the active package.

X _____.
Signature/Date Signed- Relationship to Client

Maria E. Toth, MS, CCC-SLP

Agency Owner/SLP

tothspeechservices.com

(561)-400-1931

tothspeech@gmail.com