

## CONSENT FOR OCCUPATIONAL THERAPY

**As the Patient or Guardian/DPOA,**

- **I consent** for occupational therapy evaluations, screenings and treatment by Memory Partners LLC.
- **I understand** that all occupational therapy evaluations and treatment will be explained to me.
- **I understand** that I am expected to be an active partner in open, ongoing communication with the Memory Partner OT to ensure that I understand the services.
- **I understand** that I am expected to ask questions I may have about the evaluation and treatment and have the right to decline any activity at any time.
- **I understand** that occupational therapy evaluation and treatment does include movement and physical activity and the possible risk of accidental injury.
- **I hereby, intending to be legally bound,** waive forever, for myself, my family and my heirs any and all claims for damages against Memory Partners LLC, the owner(s) or independent contractor for any and all injuries I may sustain as a result of an accidental injury while participating in any and all activities with Memory Partners LLC.

**Signature of patient or DPOA/Guardian :** \_\_\_\_\_

**Date:** \_\_\_\_\_

***With my signature here, I acknowledge that I have read, understand and agree to receive occupational therapy services by Memory Partners LLC.***