Policy Consent Agreement

I, _____, _____'s caregiver have read, understand, and agree to abide by the following policies set forth by S.M.I.L.E.S. Integrative Therapy Services, LLC:

- Session Policy
- Cancellation Policy
- Late Return Policy
- Payment Policy
- Letters & Forms Policy
- HIPPA Policy
- Disclosure Form
- Video Consent Form

I also understand that any of these policies may be updated at any time and that I will be provided notice, when changes are made.

_____
Patient's Name

_____ _____
Caregiver's Name Date

_____ _____
Witness Date

S.M.I.L.E.S. Integrative Therapy Services, LLC
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