



## KidSense Therapy Group

209 Cherry Street  
Milford, CT 06460  
(203) 874-5437

### ACKNOWLEDGMENT AND RECEIPT OF CLIENT POLICIES & PROCEDURES

**I have received a copy of KidSense Therapy Group's Client Policies & Procedures**

\_\_\_\_\_ **I consent** to the information provided to me in the Client Policies & Procedures.

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\_\_\_\_\_ **I Do not** consent to the information in the Client Policies & Procedures.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient or Legal Guardian: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_