Hill Education Services

Adult Consent for Services & Release of Information

A service of Hill Therapy Services LLC · Susan Hill, M.Ed., M.S., LBS
For learners 18 and older. The learner is the client and signs this form. Family members and support people are welcome to help complete it.

LEARNER

LEARNER'S FULL NAME

DATE OF BIRTH

PRONOUNS / PREFERRED NAME

PHONE

EMAIL

ADDRESS

CONSENT FOR SERVICES

I am 18 or older and I choose to take part in educational services with Susan Hill of Hill Education Services. I understand that:

- ☐ Services are **educational**: individualized instruction in reading, writing, executive function, communication, and everyday life skills, and/or participation in The Next Page Book Club. They are not medical, psychological, or legal services.
- ☐ My goals are set **with me**, and I can ask to change them at any time.
- ☐ Sessions may be in person at the Doylestown office, virtual, or in my home, as agreed. I have received the Rate Sheet & Service Policies and the Cancellation & Attendance Policy.
- ☐ Information about me is kept private. Susan will share it only with the people I list below, or as required by law (for example, if someone is in danger).
- ☐ I can stop services at any time by telling Susan.

RELEASE OF INFORMATION: WHO SUSAN MAY TALK WITH

Optional. Many learners choose to have a parent or support person help with scheduling, payment, and progress updates. List anyone Susan may communicate with about you, and check what may be shared. Leave blank if you prefer that Susan communicate only with you.

NAME

RELATIONSHIP TO ME

PHONE / EMAIL

☐ Scheduling and attendance ☐ Payment and billing ☐ Progress updates and goals ☐ Everything about my services

NAME

RELATIONSHIP TO ME

PHONE / EMAIL

☐ Scheduling and attendance ☐ Payment and billing ☐ Progress updates and goals ☐ Everything about my services

This release stays in effect until I change it or end services. I can change or cancel it at any time by telling Susan in writing.

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

ANYTHING SUSAN SHOULD KNOW IN AN EMERGENCY (ALLERGIES, MEDICAL CONDITIONS, WHAT HELPS WHEN YOU'RE OVERWHELMED)

SIGNATURES

LEARNER'S SIGNATURE

DATE

LEARNER'S PRINTED NAME

IF A LEGAL GUARDIAN SIGNS

Complete this section only if the learner has a court-appointed legal guardian or a power of attorney covering educational or personal decisions. Please attach a copy of the guardianship order or power of attorney. Otherwise, the learner's signature above is sufficient.

GUARDIAN'S SIGNATURE

DATE

GUARDIAN'S PRINTED NAME & AUTHORITY (GUARDIANSHIP / POA)