



POLICIES
STATEMENT OF AGREEMENT

Please read the “Peak Potential Therapy Policies” and “Fee Schedule” carefully to understand Peak Potential Therapy’s policies, procedures, processes, and fees before you sign this Policies Statement of Agreement.

I acknowledge that I have received copies of the Peak Potential Therapy Policies and Fee Schedule (pricing of services). I understand that both these documents replace any and all prior verbal and written communications regarding Peak Potential Therapy’s policies, procedures, processes, and fees.

I have read and understand the contents of the Policies and Fee Schedule and will act in accordance with these policies, procedures, processes, and fees as a condition of being a client with Peak Potential Therapy.

I understand that if I have questions or concerns at any time about the Policies or the Fee Schedule, I will consult my Peak Potential Therapy staff, or the owner, Natalie “Holly” Reimann.

I understand that the contents of the Policies and Fee Schedule are simply guidelines, not a contract or implied contract with clients. The contents of the Policies and Fee Schedule may change at any time. If the Policies or the Fee Schedule is updated, I will be asked to sign a new Policies Statement of Agreement.

Finally, I understand that this agreement must be signed, dated, and returned to Peak Potential Therapy, before a staff can begin working with the client.

Client’s Name: _____

Parent’s Name: _____

Parent’s Signature: _____

Date: _____