Dynamic THERAPIES
Occupational Therapy
Physical Therapy
Speech Therapy
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Arcadia, CA 91006
p. 626.445.2400
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www.dynamic-therapies.com

AGREEMENT WITH, AND ACKNOWLEDGEMENT OF RECEIPT OF

POLICIES & PROCEDURES, INFORMED CONSENT, AND PRIVACY PRACTICES NOTICE

My signature below indicates that I have read, understand, and agree with Dynamic Therapies, Inc.'s:

1) **Policies & Procedures, Edition 02/2026**
2) **Informed Consent, Edition 07/2023**
3) **Privacy Practices Notice, Edition 07/2023**

For future reference, a copy of each of the above was provided to me.

If the name of the patient is different from the person signing, I hereby affirm that I am legally responsible for the patient.

_____	_____
Parent or Guardian's Name	Patient's Name
_____	_____
Parent or Guardian's Signature	Date