



\_\_\_\_\_ (fill in complete name)  
Client name

As you know, the PSC is closed because of the coronavirus.

We have moved all of our therapy services to tele-therapy, Zoom platform. This is a change in our original manner for how we provide services.

To work with you by tele-therapy, I need your consent to participate using this format.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Client / Parent / Guardian

\_\_\_\_\_  
Signature of Therapist