

**Purvi Gandhi, M.A., CCC-SLP, TSSLD
Certified Speech-Language Pathologist
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(917) 860-3373
License# 016449-1**

General Acknowledgment of Forms

I do hereby acknowledge and agree that I have read all of the forms and documents provided to me in connection with the treatment of my child (or the child under my care) by Purvi Gandhi Speech Language Pathology Services. I understand the meaning and intent of such forms and agree to the provisions contained therein. I have been given the opportunity to ask questions concerning the forms and any questions that I have asked have been answered to my satisfaction. I have signed all of the forms upon my own free volition and without any coercion from any Third-Party.

Signature/Date

Print Name