

CALIFORNIA CHILDREN'S SERVICES (CCS) CONSENT FOR MEDICAL THERAPY PROGRAM SERVICES

_____ Medical Therapy Unit

_____ County

I hereby authorize California Children's Services to provide the medically necessary physical therapy and/or occupational therapy services through the Medical Therapy Program for _____
Child's Name

These services may include therapy evaluation, treatment, monitoring, instruction, consultation, and periodic review by the Medical Therapy Conference team to assess the need for implementing, modifying, and/or continuing services.

I understand that I have the right to appeal if I disagree with the CCS-approved therapy plan and that a copy of the appeal process is attached to this form.

Signature of Parent, Caregiver, or Patient (if over 18 years of age)

Relationship to Patient

Date

Signature of CCS Representative

Print name of CCS Representative

Date

Original—File in CCS Case Record

Photocopy 1—File in Medical Therapy Unit Case Record

Photocopy 2—Parent copy