Ronda D Jones Tobey
Red Path, Inc. Services
50 Monument Neck Rd Bourne, MA 02532

Name _____
Address_____
Email:_____ Phone:_____
DOB:_____

I have chosen to receive Therapy services from Ronda D Jones Tobey for myself. My decision is voluntary and I understand that I may terminate these services at any time, unless my participation has been mandated by a court of law.

Compliance with treatment plan

I agree to participate in the development of an individualized treatment plan. I understand that consistent attendance is essential to the success of my treatment. Frequent "no shows" and/or late cancellations may be grounds for termination of services, as well as failure to follow my treatment plan in any form.

Emergencies

I understand I may reach my Ronda D Jones Tobey provider at 401-575-3764. If not available, I can leave a message and my call will be returned as soon as possible. If I have a life threatening emergency situation, I may call 911.

I have read, discussed and understood all of the above.

_____
Signature / Date

_____
Ronda D Jones Tobey / Date