

PROFESSIONAL THERAPY SERVICES, INC.
1015 OAKHURST DRIVE
CHARLESTON, WV 25314
(304) 345-8101 Fax: (304) 345-7386

MEDIA AND CONTACT AUTHORIZATION

Client Name: _____

I authorize Professional Therapy Services, Inc. to contact me in the following manner:

<u>Method</u>	<u>Detailed</u>	<u>Basic</u>	<u>None</u>
Cell Phone Text	_____	_____	_____
Email	_____	_____	_____
Facebook Message	_____	_____	_____
Voicemail	_____	_____	_____
Waiting Room	_____	_____	_____

If authorized:

Cell Phone Number: _____

Email: _____

Preferred # for Messages: cell ____ home ____ work ____

Individuals to whom we may provide information about sessions or leave messages:

Adult Client / Parent / Guardian

Date