



PERMISSION TO SEND MAILINGS

Do we have your permission to include you on our mailing list? YES

NO

NAME: _____

ADDRESS: _____

E-MAIL _____

Privacy is important to us; therefore, we will not sell, rent, or give your name or address to any one. At any point, you can request that your name and address be removed from our list.

SIGNATURE: _____

DATE: _____

Therapist: _____