



Permission to Email/Text Client Form

Trevor Walton, MMFT

MASTERS IN MARRIAGE AND FAMILY COUNSELING
COUNSELING FOR COUPLES, FAMILIES & INDIVIDUALS

615-422-5953 | Trevor@hoperestorednashville.com | hoperestorednashville.com

Permission for Trevor Walton to Email or Text client

I, _____, give my permission for Trevor Walton to contact me:
(client's or parent/guardian's name)

(a) via Email at _____, or
(print email address here)

(b) via Text at _____
(print cell # here)

regarding the three areas below:

- information pertaining to the counseling services provided to you by Trevor Walton
- information about scheduling appointments with Trevor Walton
- Use of email or text information – Trevor Walton, will never provide a client's email or text information to any entity outside Trevor Walton without the client's permission, unless required by law or legal process.

Client's or parent/guardian's signature: _____ Date: _____