O Therapy Services, LLC
800 Kensington, Suite 100
Missoula, Montana 59801
Phone: 406-239-5820
Fax: 406-924-7292
otherapyservices@gmail.com

Permission to Text

I give permission for my provider to text me regarding appointments (i.e. scheduling, questions)

Signature: _____ Date: _____

Informational Release

Therapists will not share specific health information with other families or therapists at Integrated TherapyWorks unless a release of information has been signed to do so. Due to the nature of an integrated therapy setting, I acknowledge that my child may be paired or grouped with other children or therapists so general information such as names, ages, etc. may be shared.

Signature: _____ Date: _____