



## WELLNESS HEALTHCARE CLINICS

### Consent to Receive Text Messages from Wellness Healthcare Clinics

Consumer Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Mobile Phone Number: \_\_\_\_\_

Emergency Contact Home Phone Number: \_\_\_\_\_

By signing below, I authorize Wellness Healthcare Clinics to contact me and my emergency contacts by text message to serve me better. Wellness Healthcare Clinics will send me text messages to help reach my treatment goals, including but not limited to:

- timely reminders about needed appointments
- information about available resources including food, housing, and employment
- coordinating transportation needs directly or through a third party such as Uber

I understand that message/data rates may apply to messages sent through Wellness Healthcare Clinics to my cell phone.

I know that I am under no obligation to authorize Wellness Healthcare Clinics to send me text messages as part of this program.

I may opt-out of receiving these communications from Wellness Healthcare Clinics at any time by calling 202-318-0179 or by texting 'STOP' to 202-318-0179.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Suite A1-A3, Washington, DC 20032  
202-318-0179  
After Hours 202-517-3334  
Email: [reception@whcclinics.com](mailto:reception@whcclinics.com)