



CLIENT EMAIL/TEXTING CONSENT FORM

This informational packet is designed to help you understand our policies and procedures along with your rights as a client/patient of PTWCC. Your signature is requested below indicating your understanding and willingness to participate and abide by these policies. We take pride in our training, knowledge, and capabilities, and we want you to know that we are dedicated to giving you quality health care.

BY SIGNING BELOW, I VERIFY I HAVE REVIEWED THE FOLLOWING DOCUMENTS AND VALIDATE MY SIGNATURE:

- Emergency Procedure
- Consent for Treatment / Privacy Notice
- Client Email / Text Consent Form (Only decline if you do not consent to email or text)
- Welcome to PTWCC
- State of WI Client Rights and Grievance Procedure
- Good Faith Estimate
- Fee Agreement
- Patient information Form
- Insurance Form

Please sign below indicating you have read and understand your rights as a Pathway to Wellness client:

Print Client Name: _____ Date: _____

Signature of client or parent/guardian: _____

If signed by other than client, indicate relationship: _____

Clinic Witness: _____



PLEASE ONLY DECLINE IF YOU DO NOT CONSENT TO EMAIL OR TEXTING

CLIENT DECLINES AUTHORIZATION FOR CONSENT TO EMAIL OR TEXTING (Reference page 2 for details)

Client Signature: _____ Date: _____

Staff Member Signature: _____

You have the opportunity to ask questions about this information or request copies and can reference the PTWCC website to review all forms.