

**ALPHA CENTER  
CONTACT CONSENT FORM**

Client Name:	Date of Birth: _____/_____/_____
Cell Phone Number: (____) _____ - _____	Cell Phone Provider: _____

Alpha Center may contact me in the following ways (*please check all that apply and sign below*):

Alpha Center does not provide sensitive or confidential information in any correspondence.

- Phone    
  Email    
  Mail    
  Text (*If you check text, please see below*)

*To ensure greater security, our text messages may be sent as an email even though they appear as a text message when received. Texts may also be exchanged phone to phone. Due to this, a data plan is required, as well as your consent below:*

- Yes, I give Alpha Center permission to send text messages to my phone and I have a data plan so I may receive these messages.

*If yes, please initial each below to indicate your consent:*

\_\_\_ I may receive a charge for this service if my cell phone contract does not cover receiving text or is limited in its size.

\_\_\_ If sending an email to text, Alpha Center utilizes Google and as such full security is not guaranteed.

\_\_\_ Should I wish to withdraw consent, I accept that I must give at least 5 working days notice in writing quoting the above phone number. I will email this request to mail@thealphacenter.org.

\_\_\_ I will advise Alpha Center if I change my cell phone number or if I gave my phone to a family member or friend and understand that a new consent form is required. I will email this request to mail@thealphacenter.org.

\_\_\_ I understand that this consent is effective for 365 days from signing.

\_\_\_ I will be given an option to “opt-out” of future texts. I understand that it is my responsibility to inform Alpha Center to stop sending text to the cell phone number listed above.

I understand the above statements and that I am the client listed above.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Printed Name

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Alpha Center Representative

<i>Office use only:</i>
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