everhome HEALTHCARE

Care with confidence.

SMS Communications Consent Form

I, _____give EverHome Healthcare (EHHC) and its employees consent to receiving text messages regarding work-related information I.e., scheduling, work-related notices, available shifts, and emergency notifications to my cell phone.

Terms and Conditions-

By providing your mobile number and opting in, you consent to receiving SMS messages from Everhome Healthcare regarding appointments, scheduling updates, care coordination, customer service, and operational notifications. Message frequency varies. Message and data rates may apply. Reply STOP to cancel. Reply HELP for assistance. Consent is not a condition of purchase or receiving healthcare services. Mobile information and SMS consent are not shared with third parties or affiliates for marketing purposes

I understand that at any time I can revoke this consent with documentation via text by responding STOP to the text message, or by contacting the office by email @ inquiry@everhomehealthcare.com, or by contacting a qualified office person @ (425) 275-5858.

It is my responsibility to update EHHC with my current phone number whenever I change phone numbers. This consent is valid from onboarding to resignation or termination unless otherwise requested from myself.

Mobile number to be registered to receive text messages: [_____]

_____ _____

Signature Date