

HORN AND ASSOCIATES IN REHABILITATION, PLLC



2412 Greatstone Point
Lexington, Kentucky 40504
Phone (859) 224-4081

4127 Todds Road
Lexington, KY 40509
Fax (859) 224-4082

www.horntherapy.com

2023 Consent to Leave Voicemail and/or Email

Client Name: _____ Date of Birth: _____

Horn and Associates in Rehabilitation, PLLC, staff may contact you by telephone and/or email you with information such as appointment times, insurance, payment, diagnosis, records, examinations rendered to you and any other information soon your voicemail and/or email with your consent.

By signing this "Consent to Leave Voicemail and/or Email," you consent to Horn and Associates in Rehabilitation, PLLC, staff to leave messages and/or email detailed medical information to the phone number(s) and email(s) below. This information may include, but not limited to, demographic information (partial or full name, date of birth, address, etc.), billing information, and medical information (diagnosis, records, evaluation results, etc.).

Home Phone: _____

Cell Phone: _____

Guardian Phone: _____

Email Address(s): _____

Do not leave any information on any phone number

Do not leave any information on any email address

I understand that Horn and Associates in Rehabilitation, PLLC, cannot require me to sign this consent form in order to receive treatment. I understand that I have the right to revoke this consent at any time. This consent is valid for a period of 12 months unless otherwise revoked. A copy of this consent form will be provided upon request.

Printed Name: _____

Client or Custodial Parent/Legal Guardian Signature: _____ Date: _____