



## HORN AND ASSOCIATES IN REHABILITATION, PLLC

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### 2024 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 to 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 emails below. This information may include, but not limited to, demographic information, billing information, and medical information.

☐ Phone Number(s): \_\_\_\_\_

☐ Email Address(es): \_\_\_\_\_

☐ 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 form will be provided upon request.

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

Client or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_