

fax: 1.855.847.3558 contact@lumicera.com

Overview

Lumicera Health Services offers electronic communications that include automated calls, emails, and/or text notices. Most messages will be brief and will not contain Protected Health Information (PHI). However, text messages that are specific to you; your care; or contain PHI may be transmitted through our secure app.

You can opt-in to receive these communications by:

- Completing and returning this form to us in the enclosed envelope.
- Calling us at 1.855.847.3553

Once enrolled, the phone number, text, and/or email you provided will receive a brief welcome message. Additional text messages will inform you of the terms and conditions. Please note: Lumicera is not responsible for undelivered calls, texts or emails due to changed numbers/emails or those that are blocked by spam or other filters.

Examples of Notifications

Electronic Refill:

Electronic refill notifications are sent seven days before you are due for your next order. If you enroll in our twoway texting program, you may be able to refill certain medications via text. However, our texting program may not replace the need to speak with our staff. Once you receive a refill notification, you can respond by text or call us at the phone number above.

Automated Treatment Follow Up Calls:

Automated treatment follow-up calls are auto-dialed calls to a phone number of your choice. If you are not available, a brief automated message will be left to let you know we called. If you answer, we will connect you with a Patient Care Specialist to see how your treatment is going.

Electronic Shipping:

UPS will send you a notification when an order is shipped by Lumicera. This message will include tracking information so that you can monitor your package.

Education and Treatment Information

These notices provide information about your specific treatment, your condition, and managing your health. You may be allowed to reply to these messages.

Contact Information

Provide the cell phone number and/or email where you would like to receive electronic notifications and specify which notifications you would like to receive. Only one phone number and one email can receive these notifications. If you would like to provide additional phone numbers where our staff can contact you, call us at the phone number above.



www.lumicera.com / 1.855.847.3553 fax: 1.855.847.3558 contact@lumicera.com

Patient Name:				
Relationship to Patient* (for contact other than patient):				
Primary Cell Phone:			Other Cell Phone:	
Primary Email:				
Contact Preferences	Refill Notices	Automated Calls	Shipping Notices	Other Education/ Treatment
Phone				
Email	N/A			

I have reviewed and understand the content of this authorization form. By signing this form, I am opting-in for these electronic notification services for the phone numbers listed and any future phone numbers or email addresses associated with my account. I confirm that it accurately reflects my wishes.

Patient Name:	Date of Birth:
Patient Address:	
Patient Signature**:	Authorization Date:

*Contacts other than the patient may need additional authorization on file with Lumicera. (See form titled "Authorization to Permit Disclosure of Health Information" in the Welcome Kit).

**If you are signing this as a Legal Representative/Medicare Authorized Representative, describe your authority to act for the patient. Attach appropriate documentation verifying legal authority (e.g., a copy of the power of attorney form related to healthcare authority).

Please fax, email or mail completed form to:	Lumicera Health Services	
Fax: 1.855.847.3558	310 Integrity Drive	
Email: <u>contact@lumicera.com</u>	Madison, WI 53717	

Opt-Out Information:

You can opt-out of these notices at any time. Doing so will not result in any penalty or service interruption. You may opt-out by:

- Calling Lumicera at 1.855.847.3553.
- Opting-out online at www.lumicera.com/NotificationOptOut.aspx.
- Texting "stop" in response to one of our messages.