

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**
- **Completing these forms with digital signature on the patient portal**
- **Calling us at 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: our pharmacy 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. You may be eligible to refill certain medications via text. However, you will occasionally be asked to call the pharmacy to complete your refill and speak with a clinician. 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 sent 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 pharmacy team member to see how your treatment is going or schedule your refill.

Electronic Shipping Notifications

Lumicera will send you a notification when an order is shipped by our pharmacy. 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.



ELECTRONIC COMMUNICATION OPT-IN FORM

Patient Name		Date of Birth	
Cell Phone Number		Other Phone Number	
Primary Email			
Alternate Contact Name		Phone Number	

Contact Preferences	Text	Email	Notes (optional)
Refill Reminders	<input type="checkbox"/>	<input type="checkbox"/>	
Shipment Tracking Information	<input type="checkbox"/>	<input type="checkbox"/>	

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 Signature:** _____ **Authorization Date:** _____

*Contacts other than the patient may need additional authorization on file with our pharmacy. (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:

Fax: 855-847-3558

Email: contact@lumicera.com

Lumicera Health Services

310 Integrity Drive

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 us at **855-847-3553**.
- Texting "stop" in response to one of our messages.