



Annual Attestations and Authorizations

Confidential Communication Request

_____ Permission to give verbal protected health information or leave a message with the following person(s)

Example: Family members, friend, personal caregiver, etc. *Do not list medical providers involved in your care.*

Name: _____ Relationship: _____ Phone#: _____

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Lubbock Gastro Portal:

The portal is a safe and convenient system that allows you to communicate with your healthcare provider and access your medical records. I have been presented with the information regarding the Lubbock Gastro Patient Portal. Please provide your email as this will be the main form of communication.

Email: _____

I consent to receive email, text, and or voice messaging from Lubbock Gastroenterology to remind me of an appointment, for surveys about my experience with the healthcare team, or to provide general reminders or information about new services.

Lubbock Gastroenterology does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan.

I understand this authorization and consent form will be valid and remain in effect indefinitely unless otherwise revoked by me in writing. Any revocation will not be effective until received by Lubbock Gastroenterology.

Follow-up Appointments

"I understand that all of my follow-ups will be with the Nurse Practitioners per Dr. Islam's discretion. If Dr. Islam deems it necessary to have the follow-up with him, he will let the front staff know."

Patient/Legally Authorized Patient Representative Signature: _____

Relationship to Patient: _____

Printed Name: _____ Date: _____