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Douglas County Health Department

Consent to Use of Electronic Health Record and Communication:

If I provide my cell phone number, I consent to receive calls or text messages from Douglas County Health Department, including automated or pre-recorded messages for appointments or billing. I understand I am not required to agree to this as a condition of receiving services. I acknowledge that text messaging may not be secure and accept the risks involved. This consent remains valid unless revoked in writing, effective upon receipt. A copy is as valid as the original. I understand DCHD uses a secure electronic health record (EHR) system for scheduling, documentation, and care. Unless I complete an annual opt-out form, my health records will be maintained electronically.