

Consent Form

Patient Text Message & E Mail

Surgery Name:

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Full Name:

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Date of Birth:

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Address:

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Mobile Phone:

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Email Address:

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Names of Children under 16:

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1. I consent to the practice contacting me by text message and email for the purpose of receiving appointment reminders and test results.
2. I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions and that the responsibility of attending appointments or cancelling them still rests with me. I understand that if I am not able to keep an appointment I will phone the surgery to cancel.
3. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure.
4. All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these reminders please notify reception.
5. The surgery does not offer a reply facility to enable patient to respond to texts directly.
6. I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Signed

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Date

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