

Text Message / Email Consent Form

Patient Name: _____ **Date of Birth:** _____

Address: _____

Mobile Phone Number: _____

Email Address: _____

Names of Children under 16:

- 1. _____ Date of Birth: _____
- 2. _____ Date of Birth: _____
- 3. _____ Date of Birth: _____
- 4. _____ Date of Birth: _____
- 5. _____ Date of Birth: _____

- a) I _____ consent to the practice contacting me by text message and email for the purpose of receiving appointment reminders / notifications.
- b) 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 practice to cancel.
- c) 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.
- d) 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 the practice reception.
- e) The surgery does not offer a reply facility to enable patients to respond to texts directly.
- f) I agree to advise the practice if my mobile number changes or if this is no longer in my possession.
- g) I agree to advise the practice if my email address changes or if it is no longer valid.

Signed: _____ **Date:** _____

OFFICE USE ONLY	
Scanned Date: _____	Socrates Added Date: _____
Staff Member: _____	