

**PATIENT CARE TEXT MESSAGING
CONSENT FORM**

DECLARATION

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.

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 can cancel the text message facility at any time.

The surgery does not offer a reply facility to enable patients to respond to texts directly.

Text messages are generated using a secure facility. I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. However, the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Patient Name:
Please print

Signature.....Date of Birth:.....

Home telephone number.....

Mobile telephone number.....

The practice does not share mobile phone contact details with any external organisation.

I DO NOT CONSENT TO THE PRACTICE CONTACTING ME BY TEXT MESSAGING