**Text Communications Consent Form**

Please note, this service can only be used on an individual basis. As a rule, children cannot access this service. Childrens appointment reminders cannot be sent to a parents mobile telephone and if two adults wish to use the same telephone number, both must sign the consent form.

Declaration

I consent to the practice contacting me by text message and/or email for the purposes of health promotion, practice news and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

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, however the practice will not transmit any information which would enable an individual patient to be identified.

**Patient Name Date of Birth**

**Mobile tel. number**

**Signed**……………………………………………………………………………

Please add me to the surgery virtual Patient Participation Group so that I can receive surgery newsletters and receive information about the surgery and its services *please tick* *for yes* 🞏

E mail address