Communication 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 then still rests with me. I can cancel the text message facility 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 ………. / ………../ …………..

Home Tel: …………………………………...

Mobile No: …………………………………..

Email: ………………………………………………………………………………………….

 Tick this box if you would like to **opt out** of receiving notifications via text messages/email