

## 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 / or on any occasion, 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 patient to respond to texts directly.

Text messages are generated using a secure facility however 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**

.....

**Date** .....

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

