

Consent for Text Messages and Emails

If you would like to inform the practice of your consent and or preferences for text messaging and email, please complete this form and return it to the surgery or email it to: hnyicb-ny.smg@nhs.net

First Name(s):	Surname:
Date of Birth:	Email Address:
	In the first instance, this will be used for responses to this request and, if consented, any subsequent contact
Home Phone Number:	Mobile Phone Number:
This will be used for telephone calls	This will be used for telephone calls and text messages (sms)
How would you prefer the surgery to contact you?	
Home Telephone: <input type="checkbox"/>	Mobile Phone: <input type="checkbox"/>
Email: <input type="checkbox"/>	SMS Message: <input type="checkbox"/>
Text Messages	
The surgery can contact you via text message (SMS) regarding lots of different things such as text results, health issues and advice regarding further treatment.	
Do you give consent to the surgery contacting you via SMS?	YES or NO
Do you give consent to receive your test results from the surgery via text message?	YES or NO
Do you give consent to receive clinical information from the surgery such as advice or a response to a question or e-consult query via text message?	YES or NO
Do you give consent for the surgery to contact you with a generic text message which is information only – a message will be sent for you to contact the surgery but no other information included in this message?	YES or NO
Consent for a Third Party to Receive Messages on your behalf	
If you wish to, you can nominate for another person such as a family member or carer to receive messages on your behalf. Would you like to nominate a third party to receive emails and text messages on your behalf?	YES or NO If yes, please state the name and relationship of the person you are nominating.