**NHS Highland Telehealth Programme**

**xxxx Medical Practice**

**Enrolment Form**

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| Patient |  |
| Patient sticker - name, address, postcode, date of birth, gender and CHI | Name of protocol:  BP Monitor  Asthma – peak flow monitor  Diabetes type 2 lifestyle  Basic mobile  Smartphone |
| Mobile number: | Email address (optional): |
| Enrolled on Florence by: | Date enrolled and protocol added: |

I have been given an Information Leaflet about this programme and a Privacy Notice, I have had the opportunity to ask questions and have had them answered satisfactorily

**I understand that:**

**FLORENCE IS NOT AN EMERGENCY RESPONSE SERVICE and in a medical emergency I should ask for medical assistance from my GP, specialist nurse, NHS24 and/or by dialing 999**

* I will be sent a text message by florence and will need to text back YES to opt in to using the service
* When I have opted into using Florence I can opt out at any time without affecting my usual care
* If I do not receive a Florence message for any reason I am still responsible for following the healthcare advice I have been given by my clinician
* Any monitoring equipment I have been loaned remains the property of my GP practice and should be returned when requested
* A Privacy Notice is available which explains how information about me is held and used by Florence. I can request a copy, if I haven’t been given one
* **Within the UK** there will be no charge for any text messages I send to Flo, which uses a free-to-text number
* Outside the UKthere may be a charge for using the service and your data may be processed in countries where privacy protection levels are less rigorous than the UK.
* The responses I text to Florence may be accessed by staff involved in my care and by Florence admin staff
* Staff who access my Florence records can access **all** my Florence records, including the records of any other Florence protocols I may have been enrolled on in the past
* My responses to Florence, and information included on this form, may be used by NHS Highland for evaluation and service development purposes, always ensuring I cannot be identified personally
* Any information collected from or about me will be held securely and consistently with the General Data Protection Regulation (2016)

**Please sign below**

Patient/Client’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS Highland is strongly committed to your right to privacy. To read our Data Protection Notice please visit: [www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx](http://www.nhshighland.scot.nhs.uk/Pages/YourRights.aspx) or contact the TEC team on 01463 255915 for a paper copy