

## UPDATED CONTACT DETAILS & SMS/E-MAIL CONSENT FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Miss/Ms	Surname	Forenames	Date of Birth

Current Address & Postcode

Home Tel. Number	Shared? (Y/N)	Mobile Tel. Number	Shared? (Y/N)

E-mail Address	Shared? (Y/N)	Other Tel. Number	Shared? (Y/N)

ADVISE OUR RECEPTION TEAM OF ANY OTHER NUMBERS WE SHOULD HAVE ON YOUR RECORD

### PATIENT CONSENT FOR SMS AND E-MAIL COMMUNICATION

I understand, agree and consent to Fairfield Medical Practice contacting me on the above detailed mobile phone number and e-mail address for appointment reminders, chronic disease management review reminders, flu vaccination clinic notifications, changes to service notifications, and health promotion information.

I agree to advise the practice if my mobile number changes or if the phone is no longer in my possession, for example, if I lose my phone, sell it or pass it on to someone else for their use. I will notify the practice if this number becomes shared. Please note, we cannot send messages to shared mobile numbers or e-mail addresses.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions – the responsibility of attending appointments or cancelling them still rests with me.

I also confirm that I have read and will comply with the requirements outlined in the patient information leaflet. **\*\*REQUEST A COPY OF THIS PRIOR TO SIGNING\*\***

I understand the above and

9NdP  (✓) Tick here to **CONSENT** to the SMS/E-mail communication service

9NdQ  (✓) Tick here to **DECLINE** to the SMS/E-mail communication service

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient (if not signed by patient) \_\_\_\_\_

NOTE:-

It is your responsibility to inform us of any changes to your contact details to ensure the security of SMS messages or e-mails we may send you from the system.

Parent/guardians can consent to communications on behalf of their dependants under the age of 12. On a patient's 12th birthday they will cease receipt of messages for data protection reasons until they complete their own consent form.

Patients can opt-out at any time by completing a new form and making it clear that they no longer wish to use the service.

We cannot send messages to landline numbers. We do not reply to SMS messages.

If updating your address, please enter your PREVIOUS address here:-

Previous Address & Postcode

PLEASE INFORM HOSPITAL DEPARTMENTS OF ANY CHANGE OF CONTACT DETAILS