



Text Messaging Consent Form

Burnbrae Medical Practice wishes to expand its method of communicating with patients to include the use of text messages. The service will be used to send text messages about test results being available, practice news, health promotion and appointment reminders.

This form provides information about the risks of email and texts. Patient privacy is important to us, which means we need your consent.

Benefits

There are a number of advantages to contacting patients via text:

- Quick and easy communication without delays
- Reduced possibility of loss of communication through incorrect postal address

Risks

Communication by text has a number of risks which include, but are not limited to, the following:

- Texts can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of texts may exist even after the sender or the recipient has deleted his/her copy.
- Text can be received by unintended recipients.
- Text can be intercepted, altered, forwarded or used without authorisation or detection.
- Text senders can easily type in the wrong email address or mobile number.
- Texts can be used to introduce viruses into computer systems or smart phones.

You must be at least 16 years old to sign up for this service and your mobile number must be your **personal** mobile number (and cannot be a landline). You cannot use a friend or relative's number. This will compromise your confidentiality and it is your responsibility to keep this up to date.

If you are happy to proceed please fill in your details. Please note, ALL boxes must be completed.

Patient details	Please complete in BLOCK CAPITALS																		
Forename																			
Surname																			
Date of birth	D	D	/	M	M	/	Y	Y	Y										
Mobile number																			
Signature																			
Date	D	D	/	M	M	/	Y	Y	Y	Y									

I consent to the practice contacting me by text message for the purpose of:

(please tick as appropriate, if left blank, we will assume NO)

	Yes	No
Test Results Alert, inc. Normal Results		
Practice News		
Health Promotion		
Appointment Reminders		

Declaration *(please tick)*

- I will ensure that I keep the Practice informed of my up to date mobile number at all times.
- I understand that it is still my responsibility for attending appointments or cancelling them by contacting the Practice directly.
- I understand that if I don't receive any test results by text, it is my responsibility to contact the practice.
- I understand I can cancel the text message facility at any time.

Signature of Patient: _____ Date: _____