

CONSENT FOR TEXT MESSAGES/EMAILS

Name:

Date of Birth:

How would you prefer the surgery to contact you?

Home Telephone – please state number below

Mobile Phone– please state number below

Email – please state email address

SMS message – please state mobile number below

Text Messages

The surgery can contact you via text message (SMS) regarding lots of different things such as test results, health issues and advice regarding further treatment.

Do you give consent to the surgery contacting you via text message?

Yes No

Do you give consent to receive your test results from the surgery via text message?

Yes 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 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 No

Please tick here if you DO NOT CONSENT to the surgery contacting you by any form of text message

Email Messages

The surgery can contact you via email regarding lots of different things such as test results, health issues and advice regarding further treatment

Do you give consent for the surgery to contact you via email?

Yes No

Do you give consent for to receive your test results from the surgery via email?

Yes 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 email?

Yes No

Please tick here if you DO NOT CONSENT to the surgery contacting you by any form of email

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.

I would like to nominate a 3rd Party to receive emails and text messages on my behalf (please ask reception for a Patient Authorisation Form)