

APPENDIX A

PATIENT CARE TEXT MESSAGING

Consent Form

Declaration

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

The surgery does offer a reply facility to enable patient to respond to texts directly to cancel appointments via texting one word CANCEL.

Although text messages are generated using a secure facility, I understand that they are transmitted over a public network onto a personal telephone. As such they may not be secure, and therefore the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Patient name _____ Date of Birth _____

Date _____

The practice does not share mobile phone contact details with any external organisation.