**TEXT MESSAGING CONSENT FORM**

The practice is planning to introduce a mobile texting communication service. Only patients aged 16+ years are eligible to sign up.

This service will be used to send text reminders to patients regarding upcoming appointments and speak to the doctor / nurse or book an appointment. We may also use this service to contact patients about health promotion.

We always strive to maintain confidentiality of your information and will continue to do so while using this system. To help us do this, it is important that you let us know if you change your mobile number in the future. We will NOT send out any texts unless you have explicitly consented.

If you give consent for us to communicate with you by mobile text messaging as outlined above please fill in your details below. If you decide you no longer wish to receive messages through this service please inform us.

|  |  |
| --- | --- |
| Patient Name: |  |
| Date Of Birth: |  |
| Mobile Number: |  |
| Patient Address: |  |

I confirm that I have read and understood the information above and ***I CONSENT*** *to the practice contacting me by text message for the purpose of health information and appointment reminders. I will ensure that I keep the practice informed of my up to date mobile number at all times, or if the number is no longer in my possession*

|  |  |
| --- | --- |
| Signature of Patient: |  |
| Date: |  |

PRACTICE USE ONLY:

SMS CONSENT TEMPLATE COMPLETED: ○ FORWARD FOR SCANNING: ○ STAFF INITIALS: