



PATIENT CARE TEXT MESSAGING

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 not offer a reply facility to enable patients to respond to texts directly.

Text messages are generated using a secure facility. The practice will not transmit any information which would enable an individual patient to be identified. However I understand that text messages are transmitted over a public network onto a personal telephone and as such may not be secure.

Patient name **Date of Birth**

Patient Signature

Patient mobile number

Date

Code .9159