

**WILLOW GREEN SURGERY
STATION ROAD, EAST PRESTON
WEST SUSSEX, BN16 3AH**

PATIENT CARE COMMUNICATIONS

CONSENT FORM

Dear Patient,

We are currently looking at different ways of communicating with our patients. At the present time these include text messages and emails.

TEXT MESSAGES

If you are happy for us to **text** you for the purposes of health promotion, appointment reminders and normal blood test results, please read this section carefully and sign the declaration below –

I consent to the practice contacting me by **text** message for the purposes of health promotion, appointment reminders and normal blood test results.

I acknowledge that appointment reminders and normal blood test results by **text** are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them, obtaining test results, still rests with me.

I can cancel the **text** message facility at any time.

The surgery does not offer a reply facility to enable patient to respond to **texts** directly.

Text messages are generated using a secure facility however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however 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

Patient Signature

Mobile Telephone number.....

Date

PLEASE NOTE -

The surgery does not offer a reply facility to enable patient to respond to emails/texts directly.

PLEASE RETURN THIS FORM TO THE RECEPTION DESK – THANK YOU

Updated August 2010

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Dear Patient,

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EMAILS - NEWSLETTER

We produce a patient newsletter four times a year which can be collected from our reception desk. We would like to start emailing this to patients. This will not only save on paper and ink but we will also be able to send it out to patients who would not necessarily attend the surgery.

I agree to advise the practice if my email address changes or if this is no longer used.

If you would be happy for us to email our newsletter to you please enter your email address below

Name..... **Email address**
Date of Birth **Patient Signature**
Date.....

EMAILS - PATIENT CONSULTATIONS

Some of our doctors would like to use email for patient consultations. If you would be happy to participate in email consultations please enter your email address below. Please be aware that there may be confidential information included in an email consultation and you must be happy for this to be sent to the email address you provide.

I agree to advise the practice if my email address changes or if this is no longer used.

Name..... **Email address**
Date of Birth **Patient Signature**
Date.....

PLEASE NOTE

The surgery does not offer a reply facility to enable patient to respond to emails directly unless for email consultation.
Email messages are generated using a secure facility.

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

PLEASE RETURN THIS FORM TO THE RECEPTION DESK – THANK YOU

Updated August 2010