

BEDLINGTONSHIRE MEDICAL GROUP

Consent Form - Text Messaging Service

Dear Patient

The text messaging service allows us to send secure text messages direct to your mobile phone. If you would like to register for this service please ensure you have read and agree to the following details and return this form to the Surgery:

- I consent to the practice contacting me by text message.
- I acknowledge that test messages 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 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 accept that it is my responsibility to inform the surgery if I change my mobile telephone number.

My mobile number is

Home Telephone Number.....

Signed.....

Print name

Date of birth (for identification purposes).....

Date.....

Email Address:.....

Please hand completed form in at Reception

Office Use Only

Mobile recorded

Consent recorded (read code XaQid)

Scanned/filed on notes (New patients file in notes, existing patients pass to scanning)

Receptionist Name: _____ Date: _____