

Park Road Practice

Text Message / Email Consent Form Age 16 and over

Patient Name:	
Date of Birth:	
Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	

Declaration

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

I acknowledge that appointment reminders are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me.

I can cancel text message facility at any time.

Text messages are generated using a secure facility but 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.

ONLY ONE NUMBER PER PATIENT WILL BE ACCEPTEED

Please see our website : www.parkroad.gpsurgery.net