**TRENT VALLEY SURGERY**

**CONSENT FOR SMS TEXT MESSAGING/ EMAIL SERVICE**

The surgery offers a text/ email messaging service to all of our patients. If you wish to give consent to receiving SMS text/ email messages from the surgery, please read the information below and completed the details as requested, then return the form to the surgery.

These are some of the reasons we may contact you via SMS text/ email messaging:

* Reminder for your appointment
* Flu or other vaccination clinics
* Changes to your booked appointment
* Chronic disease review invitations
* Practice being closed due to unforeseen circumstances
* Cancelled clinics including GP, Nurse and Health Care Assistant
* Other notifications the practice deem necessary to your health care provision

Over the coming months the practice is hoping to introduce the option of being able to email patients for non-urgent matters, if you would like to be set-up for email messaging please include your email address below.

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| --- | --- |
| **Title:** |  |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Mobile Number:** |  |
| **Landline** *inc dial code*: |  |
| **Email Address:** |  |

**Disclaimer**

If you agree to the GP Practice contacting you via SMS/ email, the GP Practice agrees to adhere to the following:

* The mobile phone number/ email will only be used by the GP Practice and will not be passed to any other parties.
* If at any time you would like to stop using either of the above services, please make a personal request to the GP Practice and you will be opted out of this within 48 hours.
* If you decide to opt out, please tell us why to help us review and improve our services.
* Your mobile phone number/ email will solely be used by the GP Practice in relation to the healthcare services offered by the GP Practice.
* You will not be contacted in relation to any other types of products or services.
* No personal details will be included in the message to identify you.
* I understand that this consent will remain in place indefinitely and that it is my responsibility to inform the practice should I withdraw consent or make any changes, including changes to my mobile/ home telephone number or email address.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed |  | | | | | | Date | |  | |
| Preferred method of communication: | | | | | | | | | | |
| Post | | 🖵 | Telephone | 🖵 | Text | 🖵 | | Email | | 🖵 |