

Dr D T Carey ▪ Dr J R Hamilton ▪ Dr N A Moloney ▪ Dr S A Elliott  
Dr D N A Smith ▪ Dr J A Crichton ▪ Dr S Smith

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## CHANGES TO PERSONAL DETAILS

It is very important that we have your correct details recorded. Please take a moment to complete your name, address and current contact telephone numbers in order that we can update your records.

Name: ..... DoB: .....

Name Change if Appropriate: .....

New Address: .....

..... Postcode: .....

Previous Address: .....

..... Postcode: .....

### Contact Details

Home: .....

Work: .....

Mobile: .....

Email: .....

Please read and sign consent for electronic communication overleaf.

Are you a Carer? Yes  No

Are you Cared For? Yes  No

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## **Patient Consent for Electronic Communication**

- The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.
- I understand that emails and text messages are generated using a secure facility, but because they are transmitted outside the NHS Intranet, they may not be secure. Email and text communications will never be used for urgent communications or contain personal and confidential information.
- E-mails will be used to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.
- 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 understand that the content of an e-mail may be read by someone other than me if I share an e-mail address or have provided a work place e-mail address.
- I understand that the content of a text message may be read by someone other than me if I lose, leave my phone lying around or share a mobile phone.
- I understand that the surgery offers a reply facility to enable patient to respond to texts directly, for example to cancel an appointment.
- I understand that the practice does not share mobile phone contact details with any external organisation.
- I understand that my contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting us by using the details in the footer below.
- I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

**We cannot accept registration of patients under the age of 16 years. This is due to confidentiality issues.**

Please complete this form and hand it in at the practice reception if you consent.

**Patient Name:** \_\_\_\_\_ **Patient D.O.B.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mobile No - Consent to Use Given (Y / N) (Please provide correct mobile no. overleaf)**

**Email Address- Consent to Use Given (Y / N) (Please provide correct address overleaf)**