

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

Patient Consent for Electronic Communication & Registration for Online Prescriptions and Appointments

- *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.*

***Due to confidentiality issues, we cannot accept registration of patients
under the age of 16 years.***

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

Signature: _____

Patient Name: _____

Patient D.O.B.: _____

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 email address overleaf

Do you wish to register for the online services Yes No

If no, then no need to fill out the form overleaf

