

CROCUS MEDICAL PRACTICE



SMS Text Message Consent Form

I acknowledge that appointment reminders by text 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 the text message facility at any time.

Messages are generated by an NHS secure service; however they are transmitted over a public network to a personal phone. **The practice will never transmit any information that would enable an individual patient to be identified, or specifically which tests they have had.**

I CONSENT/ DISSENT to the practice contacting me by text message for the purpose of health information and appointment reminders. I will ensure that I keep the practice informed of my up to date mobile number at all times, or if the number is no longer in my possession.

Please tick the box:

I CONSENT:

I DISSENT:

First Name:	
Surname:	
Date of Birth:	
Address:	
Postcode:	
Telephone:	
Mobile:	
Signed:	
Date:	

Taken in by:	Date:	Registered by: