

## Patient Consent Communication



At the practice we sometimes need to contact you, for example to:

- Remind you of your appointments with the doctors and nurses
- Inform you about your test results
- Update you about services available at the practice

In order to make our communications with you easier for you we would like to use the following methods to get in touch. If you are happy for us to communicate with you in these ways, please sign and return this form to reception. You can change your mind at any time by re-completing this form.

You can consent to communication via one, some or all of the methods below.

Full Name		Consent given (please tick)
DOB		

<b>Text Messaging</b>		
Mobile number		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel number		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please be aware home landlines are less private than mobile phones and Voice Text Messages could be heard by other people**

<b>Email – please print clearly, 1 character per box</b>		
Email		Yes <input type="checkbox"/> No <input type="checkbox"/>

Due to patient confidentiality we are unable to discuss **ANY** of your medical information with anyone else. If you would like another person to regularly have access to this information, for example to check blood test results for you or confirm appointment times, then please fill out the form below and we can scan it onto your records. It is possible to withdraw this permission at any time.

Name	
Relationship	
Contact	
Signature	
Date	

If you agree to the practice contacting you via your mobile phone, fixed land line number or email address we agree to adhere to the following:

1. The mobile phone number, fixed land line number or email address will only be used by the practice in relation to the healthcare services offered by the practice.
2. You will not be contacted in relation to any other types of products or service and your information will not be passed to any other parties.