

The Rycote Practice

Text Messaging Consent Form

If you would like to receive text message reminders for appointments and other information relating to your care at the practice, please complete this form.

Enter your (or your child's) contact details in the box below so that any messages are sent to the correct mobile number. PLEASE NOTE: One form must be completed for each patient.

As a parent or guardian you can complete one of these forms on behalf of your child if they are under 12. If they are over the age of 12 they must complete and sign the form themselves.

Patient name		Date of Birth	
Mobile Telephone No.		E-mail address	

The practice responsibility

Patient confidentiality is really important to us. Text messages will be sent via NHS Mail, which is a secure system designed to transfer patient information safely. The practice will only send text messages directly relevant to the management of your healthcare and only if you have given us permission.

My responsibility

I understand that it is my responsibility to keep my contact details updated and that the practice will continue to use the number I provide until I advise that it has changed. I also understand that I can withdraw my consent at any time by simply notifying the practice in writing.

It is important that you read the leaflet "Text Messaging Service for Patients"

If you do not understand any aspect of the service please call the surgery on 01844 261066 and ask to speak to the Practice Manager who will be happy to answer your queries.

I have read and understood the Rycote Practice leaflet "Text Messaging Service for Patients" and confirm that I would like to receive text messages from The Rycote Practice to the telephone number I have provided for the patient named above.

Patient Signature		Date of Signature	
Guardian Signature (if patient is under 12)		Relationship to patient (if patient is under 12)	