**The Quay Surgery**

**CONSENT FORM – FOR USE OF SMS TEXTING**

**Consent to receive appointment reminders by SMS text message**

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| **APPOINTMENT REMINDER BY TEXT (Example)**  We will get in touch with you approximately 1 day before your appointment is due.  The text will not identify the sender and will read as follows:  **‘*Appointment reminder: date and time’***  Please let us know if your phone is lost, stolen or **you have changed your number**  Thank you |

The practice may wish to contact you by SMS Texting to remind you about a forthcoming appointment and/or routine review appointments, immunisations i.e. flu, pneumo etc.

**Mobile Number on file**:-

**Confirm new/change to mobile phone number**:-

* I agree to the practice communicating with me by Short Messaging Service (SMS or Text).
* I confirm that the mobile number the practice holds on my record is correct and I will notify them of any changes.
* I agree to receive a reminder of my appointment by SMS.
* I am aware that I can withdraw consent at any time by informing the practice either verbally or in writing.

When you next visit your practice please return this form and provide identification, preferably photo ID (e.g. driving licence or passport).

**NHS Number: D.O.B:**

Signature: …………………………………………..

Print Name:- ..........................................................

**Office use only**

**Due diligence checks undertaken ID documentation reviewed**

**Staff Initials:- Date:-**