
TUDOR GATE SURGERY COMMUNICATION BY TEXT AND EMAIL CONSENT FORM

Introduction

This form is to enable the practice to seek the consent of patients to be contacted by the practice by email or SMS text message.

TUDOR GATE SURGERY Patient Consent for Email and Text Message Communication

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

This may include using emails 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.

Emails and text messages are generated using a secure facility, but because they are transmitted over a public network security is not guaranteed. Email and text communication will never be used for urgent communications. Your 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 Reception at Tudor Gate Surgery.

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Please complete this form and hand it to Reception
if you consent to any, or all, of the above.

Patient Name **Patient D.O.B.**

Mobile Phone Number **Consent to Use Given (Y/N)**

Email Address **Consent to Use Given (Y/N)**

Patient Signature **Date**
