

SMS (Short Message Service) Text Messaging Only for completion by patients aged 16 and over please

We are always looking at ways to improve our communication to patients.

SMS text messaging is currently being used by other organisations (including dentists, banks and schools) for appointment reminders and release of general information and we are able to use this facility, with your permission.

Care will be taken to ensure that no personal information is released using this service and the Practice will continue to observe the strictest controls with regard to holding your personal information in confidence.

Initially, an SMS text message will be sent containing your appointment details once you have booked an appointment. A further message will be sent 48 hours before the appointment is due as a reminder.

In the future, we will be looking to introduce a more interactive form of SMS text messaging which will allow you to cancel your appointment by text if you are no longer available to attend. This facility will also allow us to send you health promotion initiatives such as flu jabs and NHS Health Check invitations.

If you have a mobile phone, are over 16 and would like to receive SMS messages then please complete the slip below and hand it in at reception.

You may withdraw your consent at any time by notifying Reception either verbally or in writing.

I would like to receive SMS messages Appointment Reminders and in future Health Promotion initiatives when they are introduced.

I fully understand that it is my responsibility to provide The Deepings Practice with any change of mobile phone number.

Surname:

Forename(s):

Date of Birth:

Mobile Number:

Address:

Patient Signature: _____

Date: _____

Disclaimer

If you agree to the Practice contacting you via the telephone number provided above, we agree to adhere to the following:

1. The telephone number you have provided will only be used by the practice in relation to the healthcare services offered by the practice. You will not be contacted in relation to any other types of products or services and your information will not be passed onto any other parties.
2. If at any time you would like to opt-out of the above service, please make a personal request to the practice and you will be opted out of the service within 48 hours. We would ask that you provide your reason for opting out to help us review and improve the service in the future.

For Office use:

Patient Record Update by:

Date: