**Carse Medical Practice**

**Text Messaging Service**

The practice would like to offer you a new text messaging service.

Mobile phones offer a prompt and direct method of communication between the Surgery (and our patients and the use of SMS messaging offers wide accessibility and timely delivery of messages.)

With your consent, text messages can be used for:

* Appointment reminders direct from the clinical system
* Flu or other vaccination clinics for targeted eligible populations

 **Important information:**

The use of text messaging depends on the Surgery having reliable data. We will endeavour to check and update your mobile telephone numbers as often as we can but we ask that patients let the surgery know ***as soon as their mobile telephone number changes****.*

Texts will not normally be used for important issues and identifiable information will be kept to a minimum. Patient Privacy is important to us and we therefore require your **signed consent** to activate this service.

**Please note that this service is only for patients aged 16 years and over.**

Please read and sign the form overleaf if you wish us to communicate with you using this method.

If you have any queries regarding this service please do not hesitate to contact the surgery and ask for Cilla Coupar – Practice Manager.

**Text Messaging Service**

Consent Form

I consent to the practice contacting me by text message for the purposes of appointment reminders and health promotion.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending or cancelling appointments still rests with me. I can cancel the text message facility at any time.

The surgery does not offer a reply facility to enable patients to respond to texts directly.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

|  |  |
| --- | --- |
| Patient name |  |
| Date of birth |  |
| Mobile number |  |
| Signature – consent to text messages being sent to the above mobile number YES/NO |  |
| Date |  |

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| .........................................................................................................................Staff use only

|  |  |
| --- | --- |
| Mobile | Code 9NdP used YES/NO |
| Staff Member |  |
| Date |  |

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