

**BOTESDALE HEALTH CENTRE**

**Consent Form – Patient Care Text Messaging**

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment matters. I acknowledge that appointment matters by text are an additional service and that these may not take place on all occasions, and that the responsibility for attending appointments or cancelling them still rests with me.

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

Text messages are generated using a secure facility. I understand that they are transmitted over a public network onto a personal telephone and as such, may not be secure. However, the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession. I can cancel the text message facility at any time.

Mobile Phone Number: .....

Name:.....Date of Birth: / /

Signature:.....Date: / /