

Woodland Medical Practice

Text Messaging Consent Form

Name of Patient	Date of Birth: NHS Number
Parent/Guardian Name(if patient under 10 years old)	Mobile Tel:

I would like to receive text messages to the above mobile telephone from Woodland Medical Practice and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent I accept that I must give at least 5 working days notice in writing quoting the above mobile number. I will advise the practice if I change my mobile number and understand that a new consent form is required.

Text messages may be sent to a parent/guardian if the child is ten or under. I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

Woodland Medical Practice NHS net email address will appear at the bottom of each text.

I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise the Woodland Medical Practice to stop sending texts to the telephone number listed.

Full Name:

Signature:

In the event of a Parent/Guardian signing for a child of 10 years old and under, please state your relationship:

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Date:

ONE FORM PER PATIENT – CONSENT MUST BE SIGNED BY ACTUAL PATIENT UNLESS A CHILD.