

JOHN RYLE MEDICAL PRACTICE

TEXT MESSAGING CONSENT TO OPT OUT / OPT IN

I hereby wish to notify JOHN RYLE MEDICAL PRACTICE
That I would like to:



OPT OUT

Of the text messaging service.



OPT IN

For the practice to send me text messages to my mobile phone

PATIENT NAME.....

PATIENT ADDRESS.....

.....

MOBILE TELEPHONE NUMBER.....

PATIENTS SIGNATURE.....

TODAYS DATE.....

Please return your printed copy of the form to your practice to
Enable us to file into your medical records.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

Text messages are generated using a secure facility but 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

If more than one person shares the use of the mobile phone number detailed above, we will need a consent form from each of those people.

By using this form, you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method to notify us of your details.

Personal Information

Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential