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| --- | --- | --- |
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| DR A LUCASSEN | CHURCH STREET |
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**PATIENT CARE TEXT MESSAGING**

**CONSENT FORM**

**Declaration**

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

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 appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

The surgery does notoffer a reply facility to enable patient to respond to texts directly.

Text messages are generated using a secure facility however 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. However, these messages will include references to specific health issues. For example reminders to attend for Asthma, Diabetes and Cardio Vascular reviews. The practice will not be held accountable for release of your health related issue if you fail to keep your information up to date or share your mobile phone with others.

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 ………………………….**

**Date ………………………….. Mobile Telephone number …………………………….**

*The practice does not share mobile phone contact details with any external organisation.*