

CLIFTON MEDICAL PRACTICE

TEXT MESSAGING

CONSENT OPT OUT/OPT IN FORM

I hereby notify CLIFTON MEDICAL PRACTICE that I wish to:

- **OPT OUT** of the text messaging service. I do not wish to receive text messages.
- **OPT IN** I am happy for the Practice to send me text messages to my mobile.

PATIENT NAME:.....

PATIENT ADDRESS:.....

.....

MOBILE TELEPHONE NUMBER:.....

SIGNED:.....

DATED:.....

PLEASE RETURN THE HARD COPY OF THIS FORM TO THE PRACTICE FOR FILING IN YOUR RECORDS.