

**Manor Medical Practice**  
**Consent to receive communication via**  
**email / text message from the Practice**  
**under the new GDPR Guidelines**

*Under the new GDPR Guidelines, it is required that the Practice gains explicit consent to email/text you for anything not linked to your health.*

**I consent to receive communication via text**      Yes       No

**Mobile number** .....

Please tick the box if you wish to consent to receive text messages regarding your health, e.g. text for appointment reminder times. This can also be text messages telling you what is happening in your Practice and general updates. An example of this could be a notification of a flu clinic or a health event which may be of interest to you.

**I consent to receive communication via email**      Yes       No

**Email address** .....

Please tick the box if you wish to consent to receive email messages regarding your health or general updates relating to the Practice.

In order to receive these messages, we require your consent under the new GDPR Guidelines.

Please note you can always OPT OUT of this service when communication is made by texting STOP/OPT OUT or speaking to a Receptionist.

*NB: We would never disclose any of your personal information which would allow third parties to text/email you.*

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_