**Consent form for receiving communications via SMS (text) messaging**

Please read the following terms and conditions and if you agree to them, provide your mobile phone number in the space provided so we can enable the service for you. If you don’t wish to use the service, then you can choose that option.

* The service is free of charge.
* It is your responsibility to maintain the safety of your mobile to avoid anyone else being able to access SMS messages (text) sent to you.
* If you change your number, lose your mobile phone, or no longer wish to use this facility, it is your responsibility to inform us as soon as possible.
* You agree to provide us with your mobile number to receive SMS messages, which could include: -
  + Appointment reminders direct from the clinical system (third-party software)
  + Manual appointment reminders
  + Flu or other vaccination clinics for targeted eligible populations
* Test results will not be conveyed using text messages.
* **The practice does not share mobile phone contact details with any external organisation.**
* The surgery does not offer a reply facility to enable patient to respond to texts directly

*I acknowledge that appointment reminders and invitations by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them still rests with me.*

Please tick the appropriate option:

□ I have understood the above and agree to receive communications from the practice via SMS (text) messaging.

□ I do not wish to receive any SMS (text messages).

Patient’s name: …………………………………………… Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Patient’s signature: ………………………………………………………………………….

Mobile Number ……………………………………………………………………..

On behalf of Gwrych Medical Centre

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_