Branchalwood Medical Practice

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Text Messaging Consent Form

The practice now offers a text-messaging service for patients over the age of 16. Patient privacy is important to us, which means we need your consent. This form provides information on the service including benefits and potential risks.

To use this service, you must be at least 16 years' old and use your personal mobile number. If the number stated in this consent form differs to the number in your record, we will consider this the most up-to-date and update your record. You cannot use a friend or relative's number or a landline.

The following can be sent via text-message:

- Appointment confirmation/reminders
- Attempted contact/missed call notifications
- Chronic disease recall (i.e. diabetic check-up)
- Health promotion (e.g. we may contact eligible patients for specific clinics)
- Practice news and service alerts
- Test results and clinical follow-up (e.g. to make an appointment)

Benefits

There are a number of benefits to receiving communication by text as follows:

- Quick, easy and more efficient communication without delays.
- Improved health promotion and chronic disease monitoring.
- Instant service alerts otherwise only received at the point of service.
- Reduced possibility of communication loss through the postal service.
- Positive environmental impact due to reduced printing and postage.

Risks

Communication by text has a number of risks which include, but are not limited to, the following:

- Texts can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of texts may exist even after the sender/recipient has deleted their copy.
- Text can be received by unintended recipients.
- Text can be intercepted, altered, forwarded or used without authorisation or detection.
- Text senders can easily type in the wrong email address or mobile number.
- Texts can be used to introduce viruses into computer systems or smart phones.

If you are over the age of 16, and wish to consent to receiving text-messages from the practice, please complete the following form and submit this to the practice. You can submit the form in-person, by post, by email or via AskmyGP.

Section 1: Your details

Full name:											
Date of birth:											
Address:											
Mobile number:	0	7									

Section 2: Consent and Declaration

By signing this, I confirm that I have read and understand the information on this form and I give consent to receive communication from the practice by SMS. I understand that the practice will not send detailed clinical and highly-sensitive information via SMS. The practice cannot be held responsible if someone else reads the text message on your phone.

I will keep the practice informed of my up to date mobile number at all times. I understand that it is still my responsibility for attending appointments or cancelling them by contacting the practice directly and I am aware of the practice's Did Not Attend Policy. I understand that if I don't receive any test results by text, it is my responsibility to contact the practice.

I understand that I can revoke my consent for this service at any time by informing the practice of my wish to do so.

Patient signature:	
Date:	

Authorising staff member	
Patient mobile number updated in record and verified (tick)	
Patient consent record in file (tick)	
Staff full name:	
Signature:	
Date:	