

**Oak Vale Medical Centre**  
**Patient Consent for Email and Text Message Communication**

*The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.*

*This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.*

*The practice uses a text messaging service to send appointment reminders, health information or promotion and a doctor/nurse request.*

*Emails and Text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Email and Text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice.*

*To maintain confidentiality, you must be the **sole registered user of the email address** supplied below.*

*To maintain confidentiality, **only one mobile telephone number per patient** can be used and this service is only offered to patients 16 and over.*

*Please remember to use a PIN that only you know and let us know if you change your mobile number so we can keep your contact details up to date.*

***I understand that I can withdraw my consent from either of these services at any time by contacting a member of the administration team at the surgery.***

Please complete this form and hand it in at the surgery reception  
if you consent to any, or all, of the above.

**Patient Name .....** **Patient D.O.B. ....**

**Mobile Phone Number .....** **Consent to Use Given (Y/N)**

**Email Address .....** **Consent to Use Given (Y/N)**

**Patient Signature .....** **Date .....**