



**Aireborough  
Family Practice**

**PATIENT CARE TEXT MESSAGING**

**CONSENT FORM**

**Declaration**

I consent to Aireborough Family Practice contacting me by text message for the purposes of clinical advice, health campaigns and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

The Practice does not offer a reply facility to enable patient to respond to texts directly.

Text messages are generated using a secure facility however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

**Sign:** .....

**Print:** ..... **Date of Birth:** .....

**Date:** .....

***The practice does not share mobile phone contact details with any external organisation.***

***This declaration is for the named person only. Please use one form per person.***

