



THE HAVEN PRACTICE

Patient Text Messaging Consent Form

Declaration

I consent to the Practice contacting me by text message for the purposes of health promotion 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.

We do not offer a reply facility to enable patient to respond to texts directly

- ❖ Although text messages are generated using a secure facility, I understand that they are transmitted over a public network onto a personal telephone.
- ❖ As such they may not be secure, and therefore 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.

Patient name _____ **Date of Birth** _____

Signature: _____ **Date:** _____

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