

Patient Care Text (SMS)/Voice Messaging / email **OPT-OUT Form**

By giving us your mobile contact details, you are automatically consenting to receiving communication by text (SMS) message and/or email. We will only send messages to you that are directly connected to your medical care or to remind you about your booked appointments.

The practice does not share mobile telephone numbers/email addresses or any patient identifiable data with any external organisations.

If you **DO NOT** wish to receive these messages, please sign the attached OPT-OUT declaration so that we can add the dissent code to your record.

Declaration

I decline consent for the practice to contact me by

(please tick all that apply)

- ☐ text (SMS) message/voice message
☐ email

I am aware that this service is only used in respect of health alerts & advice and appointment reminders but do not wish to be included in this facility

I understand that I will now only be contacted by telephone call or letter where appropriate and as I will no longer receive appointment reminders, the responsibility of attending or cancelling appointments lies with myself.

I am aware that I can opt-in to the messaging facility at any time by signing the required Opt-In document.

Patient Name:

Date of Birth:

Home / Mobile Telephone No:/.....

Email address:

Date: