



HAWTHORN MEDICAL PRACTICE COMMUNICATION CONSENT FORM

Please read the following carefully.

I consent to the practice contacting me by text message for the purposes of appointment reminders and health promotions.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending or cancelling appointments still rests with me. I can cancel the text message facility at any time.

I understand and acknowledge that if I change my mobile phone number or if it is no longer in my possession, it is my responsibility to inform the practice.

Text messages are generated using a secure facility but 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 am over 16 years of age.

Patient Name:

Date of Birth:

Home Telephone Number:

Mobile Telephone Number:

Signed:

Date:

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