Silverbirch Medical Practice

CONSENT TO CONTACT YOU BY SMS TEXT MESSAGES AND/OR LEAVE VOICEMAIL MESSAGES

We want to communicate with our patients in the most efficient and effective way possible. We have therefore introduced SMS text messaging as an additional method of contact. This allows the doctors and other staff in the practice to send a message to you directly from our clinical system with a copy of the message automatically being saved in your medical record. Initially this will allow outgoing messages only.

See http://www.silverbirchmedicalpractice.co.uk/sms-communication-consent.php for full details of the SMS Service

In order to ensure we comply with the General Data Protection Regulations (GDPR) we are asking for your written consent for us to contact you by SMS text message and/or leave a telephone message on your mobile phone or landline voicemail.

If you give your consent please remember that it is your responsibility to keep your phone/device secure and control access to your SMS text messages and voicemail messages:

- Keep in mind that an unlocked mobile phone means that others could have access to your information. FOR SECURITY OF YOUR INFORMATION IT IS ADVISED TO HAVE YOUR PHONE LOCKED WITH A PASSCODE, PIN CODE, FINGERPRINT or other security measure
- Remember it is important to keep us updated of any changes to your mobile phone number including: the phone being passed on, sold, or stolen, to ensure the security of any information we may be forwarding to your number
- Remember to keep us update with your landline number and address if you move house
- Please be aware of your text message settings - keep in mind that messages may appear as a notification on your lock screen or on a linked device such as a PC or tablet
- Please be aware that some phones have a feature which reads incoming messages aloud e.g. when connected to a Bluetooth hands free system

If you consent to us contacting you by SMS text messaging and/or leave a telephone message PLEASE COMPLETE THE FOLLOWING:

I give consent for Silverbirch Medical Practice to send SMS text messages to me using the number(s) below and understand that it is my responsibility to keep these numbers up to date with the practice and to keep my mobile phone/device and my messages secure. I give consent for the surgery to leave/send an SMS message about any aspect of my medical treatment or dealings with the practice. I give consent for the surgery to leave voicemail messages for me on the numbers entered below.

Home …… Mobile……

The consent is to remain in force indefinitely until written notice of cancellation by me.

Print Name: …….

Signature ……. D.O.B. / / Date: / /

For Practice Use Only :

Identity confirmed and signature verified

Driving License Passport Patient known to me Other

Staff name, signature and Date: