



# **COMMUNICATION BY TEXT AND EMAIL** **CONSENT FOR STOUR SURGERY**

## **Patient Consent for Email and Text Message Communication**

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

Patient Privacy is important to us, and Stour Surgery would like to communicate with you regarding any activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.

Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting us.

Please complete this form and hand it in at the practice reception  
if you consent to the above.

<b>Patient Name</b>	_____	<b>Date of Birth</b>	...../...../.....
<b>Mobile</b>	_____	<b>Consent to use?</b>	Y      N
<b>Email</b>	_____	<b>Consent to use?</b>	Y      N
	_____		
	_____		
<b>Signature</b>	_____	<b>Date</b>	_____