

We would like to keep be able to send you Practice communications by email and text message, but first we need your permission. Please provide your details and consent below.

Your full name

Your date of birth (DD/MM/YYYY)

Your mobile number

Your email address

YOUR CONSENT

We need to have your consent to begin communicating with you by text or email. This form collects your name, date of birth, email, other personal information for the purposes of updating your patient record with your consent to communicate with your by text of email.

- I consent to the practice collecting and storing my data from this form.
- I consent to the practice contacting me by text message or email for the purposes of health promotion, practice news and for appointment reminders.
- 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 appointments or cancelling them still rests with me.
- 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.
- I understand I can cancel the text message facility at any time.

Your signature

Date



Have you provided your consent to receive text and email communications from us?

- It's a quick and low-cost way for the NHS to contact patients
- Saves you time waiting on the phone to get through
- No need to visit the surgery



Why should I consent to received text messages and emails from The Barcellos Family Practice?

Not only is it a quick and low-cost way for the NHS to contact patients, it saves a patients time waiting on the phone to get through to the Practice or having to visit the surgery.

The Practice may use text messages to

- Send appointment reminder messages – this reduces the chance of you missing a necessary health appointment and avoids wasted appointment times that another patient could use.
- Provide you with the opportunity to book directly into clinics such as Winter flu vaccination clinics, request COVID Booster vaccinations or NHS Health checks.
- Offer digital health management apps to support you in managing any long-term medical conditions, for example taking blood pressure readings, living with respiratory conditions or managing diabetes.
- Ask you to complete online questionnaires as part of medical reviews, e.g. asthma or contraception reviews.
- Obtain your feedback on your experience (Friends and Family test).
- Support anyone with hearing difficulties or other sensory impairments by offering an alternative way to contact us.

Things to consider

- Does anyone else have access to your phone or email and if so, would you be happy for them to see any messages you may receive?
- Health and care providers use encrypted emails which means that no one can see or tamper with the data while it is being transferred across the network or Internet. Your own emails to them may not be encrypted.
- You are responsible for ensuring you provide the correct email address and mobile number and to inform us of any changes. This will ensure you don't miss any information and it avoids information going astray should it be sent to the wrong email or phone number.

Please be assured that if you cannot receive text messages or choose not to, you can continue to use other communication methods, e.g. phone calls or visits to the surgery.

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Please complete and sign the form overleaf and hand this in to Reception. Or scan this QR code to to provide your consent using our online Communications Consent form.



Scan me