

**STRATHCALDER MEDICAL PRACTICE**

**PATIENT CONSENT FOR TEXT MESSAGE COMMUNICATION**

**Strathcalder Medical Practice wishes to expand its methods of communicating with patients to include the use of text messaging.**

**Patient Privacy is important to us, and from time to time we would like to communicate with you via text messaging, which means that we need your consent. This includes using text messaging to send reminders about details of your next appointment or to contact you regarding results or recall appointments.**

**If you consent, 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 our reception staff.**

**Please complete the form and hand it in at the practice reception.**

**Name ----- Date of Birth -----**

**Mobile Number ----- E-Mail -----**

**Consent to Being Contacted By Strathcalder Medical Practice Via Text Messaging Yes  No**