**Patient consent for SMS & Email communication**

I understand that I am choosing to make use of the SMS & Email communication service within Wem & Prees Medical Practice.

I confirm that I have had explained to me by a staff member at Wem & Prees Medical Practice how the SMS & Email communication works and the type of communication that can take place via SMS/Email. I also confirm that I have read and will comply with the requirements outlined in the patient responsibility policy.

I understand that SMS/Emails are not a secure medium. I understand that there is a possibility that the SMS/Email received and responses could be intercepted by someone else. I understand that if I require urgent clinical advice I will contact Wem & Prees Medical Practice by phone or in person.

🞏 Consent given to receive general communication via SMS

🞏 Consent given to receive test results via SMS

🞏 Consent given to receive general communication via Email

🞏 Consent given to receive test results via Email

My mobile number is ………………………………………………………………………………………………….

My email address is ……………………………………………………………………………………………………

🞏 This is my mobile number

🞏 This is my email address

🞏 This is the mobile number / email address of a nominated person (circle applicable option)

Name of nominated person (if applicable) ………………………………………………………………………………………….

Relationship to patient (if applicable) …………………………………………………………………………………………………

Name of patient ……………………………………………………………………………… Date ………………………………………..

D.O.B ……………………………………………………………………………………………….

Patients signature ……………………………………………………………………………………………………………………………….