**Consent to Text Messaging and E-mail Communication**

Name:……………………………………………………………………………………………………………………………………………

Date of birth: ………………………………………………………………………………………………………………………………..

Mobile no: ……………………………………………………………………………………………………………………………………

E-mail address: ……………………………………………………………………………………………………………………………

Bourne Galletly Practice would like to contact you by text message and/or e-mail. Text messages and e-mails are an efficient way to communicate with patients. If you agree to receive text message and e-mails from the practice, this will include;

* Appointment booking confirmation (text message)
* Appointment booking reminders the day before your appointment (text message)
* Notification of missed appointments (text message)
* Requests for you to contact the surgery
* Notification when test results are back, and if we need to speak to you
* Reminders to book an appointment (e.g. For a immunisations, annual check-ups, blood tests)
* Invitation to appointments you are eligible for (e.g. NHS health checks, cervical screening)
* Health campaign information
* Surgery information / updates (e.g. Change in opening hours, new service starting etc)
* Information about the status of a referral to hospital or specialist service
* Information about your medication and prescriptions
* Information about other services (e.g. contact details)

By consenting to receive text messages and e-mails, you agree to let us know if you change your mobile number or e-mail address.

**Opt-In**

[ ]  I AGREE to receive communication via text message from the practice

[ ]  I AGREE to receive communication via e-mail from the practice

**Opt – Out**

[ ]  I DO NOT AGREE to receive communication via e-mail from the practice

[ ]  I DO NOT AGREE to receive communication via text message from the practice

Please note that you can opt-out of text messaging or e-mail at any time by informing the practice.

Signed: ………………………………………………………… Today’s Date: ………………………………………………