

**WILLOW GREEN SURGERY
STATION ROAD, EAST PRESTON
WEST SUSSEX, BN16 3AH
willow.green@nhs.net**

**PATIENT CARE COMMUNICATIONS
CONSENT FORM**

EMAILS - PATIENT CONSULTATIONS

Some of our doctors would like to use email for patient consultations. If you would be happy to participate in email consultations please enter your email address below. Please be aware that there may be confidential information included in an email consultation and you must be happy for this to be sent to the email address you provide.

I agree to advise the practice if my email address changes or if this is no longer used.

If you would like to use email for patient consultations please tick here

EMAILS - NEWSLETTER

We produce a patient newsletter four times a year which can be collected from our reception desk. We would like to start emailing this to patients. This will not only save on paper and ink but we will also be able to send it out to patients who would not necessarily attend the surgery.

If you want to receive a copy of the newsletter please tick here

PLEASE NOTE

Email messages are generated using a secure facility.

The practice does not share mobile phone contact details or email addresses with any external organisation.

TEXT MESSAGES

If you are happy for us to text you for the purposes of health promotion, appointment reminders and normal blood test results, please read this section carefully and sign the declaration below –

I consent to the practice contacting me by text message for the purposes of health promotion, appointment reminders and normal blood test results. Please tick here

I acknowledge that appointment reminders and normal blood test results by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them, obtaining test results, still rests with me.

I can cancel the text message facility at any time.

The surgery does not offer a reply facility to enable patient to respond to texts directly.

Text messages are generated using a secure facility however I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Name..... Email address.....

Date of Birth Mobile Telephone number.....

Patient Signature Date.....

PLEASE NOTE - The surgery does not offer a reply facility to enable patient to respond to emails/texts directly.

For your convenience and to avoid the queue when booking appointments or requesting prescriptions ask at Reception for a password to access our On-line services.