RATHDRUM & AUGHRIM MEDICAL PRACTICE

Tele: 0404 43436

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Rathdrum Medical Practice
Fairgreen,
Rathdrum,
Co. Wicklow.

Aughrim Medical Practice
Aughrim Health Centre,
Aughrim,
Co. Wicklow.

CONSENT FORM FOR PATIENT TEXT MESSAGE

*Full Name: _____

*Date of Birth : _____

*Address: _____

*Confirm Mobile Number _____ (* all must be completed)

Names of your Children under 16 (to receive text information on):

_____

_____

_____

1. I consent to the practice contacting me by text message for the purpose of receiving ☐ test results and/or ☐ Cervical Smear due and/or ☐ Vaccinations due ☐ Practice information (please tick)
2. 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.
3. All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these reminders please notify reception.
4. The surgery does not offer a REPLY FACILITY to enable patients to respond to texts directly.
5. I agree to advise the practice if my mobile number changes or if this is no longer in my possession. **I understand this is my responsibility**.

SIGNED _____

Dated the _____ day of _____, 20 _____.

For office use only:

☐ Activated on chart ☐ Scanned to records ☐ mobile number confirmed Additional notes (if any)