**TYLORSTOWN GROUP PRACTICE**

**D Williams, Z Salih & C Handley**

**Tylorstown Surgery**

**Ferndale Road**

**Tylorstown, Ferndale**

**Mid Glamorgan CF43 3HB**

**TEL: 01443 730169**

**BRANCH- Ynyshir Medical Centre**

**TEL: 01443 682249**

**My Health Text Message consent form**

Dear Patient,

Tylorstown Group Practice would like to offer patients the ability to receive text message reminders for your appointments booked at the surgery. We also hope to introduce sending other health information by SMS text soon. For example: we may ask you to contact us to make an appointment because your test results are back, let you know your test results are clear, invite you to a specialist clinic which we think you would be interested in, or invite you for seasonal vaccinations etc.

Messages are generated by a secure NHS Wales service; however, they are transmitted over a public network to your personal mobile phone, therefore they may not always be secure. We would like to assure you that the practice will not transmit any information that would enable someone to identify you, or which specify the test you may have had.

If you wish to receive this service, please complete your details in the section below and return it to the surgery at your earliest convenience.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name: | | | |  | | | | |
| Date of birth: | | | |  | | | | |
| First line of address: | | | |  | | | | |
| Current mobile number: | | | |  | | | | |
| • I consent to the practice contacting me by SMS text message for the purpose of providing  health information and appointment reminders.  • I will ensure that I keep the practice informed of any changes to my mobile number.  • I acknowledge that SMS text message service is an additional service and that messages  may not be sent on every occasion.  • I understand that the SMS text message service should not be solely relied upon, as the  responsibility of attending and cancelling appointments still rests with myself.  • I acknowledge that I have the right to inform the practice if I no longer wish to receive  communication from the practice via SMA text message. | | | | | | | | |
| Patient signature: | |  | | | | | | |
| Date: | |  | | | | | | |
| Office Use: | Mobile Recorded | |  | | Consent Recorded |  | Scanned to notes |  |