



Riverport Medical Practice

Patient Consent for Email and Text Message Communication

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

Patient Privacy is important to us, and Riverport Medical Practice would like to communicate with you regarding any Health Promotional activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.

Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Your contact details will also be used in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting a receptionist at the Riverport Medical Practice

Please complete this form and hand it in at the practice reception if you consent to any, or all, of the above.

Patient Name:			
Patient Date of Birth:			
Mobile Number:	Consent to Use	YES	NO
Email Address:	Consent to Use	YES	NO
Date:	Signature:		