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PATIENT TEXT MESSAGING CONSENT FORM

Skerryvore Practice has now implemented a text messaging service. If you are happy for the Practice to contact you in this way we would be grateful if you could sign and return this form to the practice at your earliest convenience.

Declaration

(Please Tick)

I consent to the practice contacting me via text message:

I DO NOT consent to the practice contacting me via text message:

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

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.

Print Name: **Date of Birth**

Signature **Mobile No**

Date

The Practice does not share mobile phone contact details with any external organisation.