



## SOUTH UIST MEDICAL PRACTICE

### COMMUNICATION CONSENT FORM

Please read the following carefully.

I consent to the practice contacting me by email and / or text message for the purposes of appointment reminders and health promotions.

I acknowledge that appointment reminders are an additional service and that they may not be sent on all occasions but that the responsibility for attending or cancelling appointments still rests with me. I can cancel the email and text message facility at any time.

I understand and acknowledge that if I change my email address and mobile phone number or if they are no longer in my possession, it is my responsibility to inform the practice.

Emails and text messages are generated using a secure facility but I understand that they are transmitted over a public network 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 am over 16 years of age.

Patient Name	
Date of Birth	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Signed	
Date	

*The Practice does not share mobile phone / email address details with any external organisation*

SOUTH UIST MEDICAL, DALIBURGH, ISLE OF SOUTH UIST  
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