# The Blue Practice – Crieff Medical Centre

# Patient Declaration of Consent for Contact via SMS Text Messaging/Email and Online Services

If you would like to register for online services and SMS text reminders please complete the form below and return it to the practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a username and password.

|  |  |
| --- | --- |
| Patient details |  Please complete in BLOCK CAPITALS |
| Patient forename |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Patient surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth |  |  |  |  |  |  |  |  |  |  |  |
| Email address**This email address will be used by your practice to send you notifications and reminders.**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Mobile number |  |  |  |  |  |  |  |  |  |  |  |  |

Terms of Agreement **(please tick)**

|  |  |
| --- | --- |
| I have read and understand the information about on-line and text reminders given overleaf |  |
| I will be responsible for the security of my login details as well as any information I receive |  |
| I consent to the practice using my email address and phone number for reminders and communication from the practice |  |
| I will ensure that I keep the practice informed of my up to date mobile and email address at all times |  |
| I acknowledge that appointment reminders are and additional service and the responsibility for attending or cancelling appointments still rests with me. |  |

Your login details will be emailed to the email address you have give us above.

Consent

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Staff use only |  |
| Patient ID seen  |  |
| Type of ID |   |
| Staff name |  |
| Date  |  |  |  |  |  |  |  |  |  |  |  |

# The Blue Practice – Crieff Medical Centre

**sm**

**SMS Texting and Email Service – Your Consent**

The Blue Practice Crieff Medical Centre would like to communicate with you by SMS text messages and by email.

Our text messaging service reminds patients about appointments booked with the practice. The service automatically delivers a confirmation message when the appointment is made and a reminder to your mobile phone the day before your appointment is due. You will be able to message us back if you wish to cancel the appointment.

We also send other health information by text such as simple test results, messages from the doctors or nurses and invitations for health checks.

Text messages and emails are generated using a secure system. We respect your right to privacy and keep all your health information confidential and secure. However, our messages are transmitted over a public network to your personal phone or computer and as such may not be secure if others have access to your personal devices.

**Please note:**

* You **must** remember to tell us if you change mobile number, home number or email address
* We will **not** send text messages or emails to anyone under the age of 16 years
* We will **not** share contact details with any external organisation

**On line Services**

We are offering an online service to enable our patients to order their repeat prescriptions from home in a simpler and safer way than before.

**Repeat Prescriptions**

Request your repeat prescriptions on line by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any messages that the practice may have sent to you regarding your requests via your account.

Once you have completed the Registration/Consent Form overleaf and we have confirmed your identity we will send you the information you need to set up your account.