

WELTON FAMILY HEALTH CENTRE

Text Messaging Consent

I confirm that I would like to receive text messages to the mobile telephone number given below from Welton Family Health Centre and understand that the content may include confirmation of an appointment, did not attend appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days' notice in writing, quoting the above mobile number. I will advise the practice if I change my mobile number and understand that a new consent form may be required.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

I confirm that I understand the above statement and that I am the patient listed below. I understand that it is my responsibility to advise Welton Family Health Centre to stop sending texts to the telephone number listed.

NAME: **Date of Birth:**

Address:

Mobile Phone No:

Signature: **Date:**