|  |  |  |
| --- | --- | --- |
|  | The Leiston Surgery  Main St, Leiston, Suffolk, IP16 4ES  Tel 01728 830 526  [www.leistonsurgery.com](http://www.leistonsurgery.com)  [sec.leistonsurgery@nhs.net](mailto:sec.leistonsurgery@nhs.net) |  |
| Dr Karen Blades |
| Dr Nicola Maggs |
| Dr Imran Qureshi |
| Dr Michael Barstow |
|  |
|  |
| Leiston Surgery.jpg |

**The Leiston Surgery Patient Text Communication Preferences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **First Name** |  |
| **Surname** |  | **Date of Birth** |  |
| **Address** |  | | |
|  | **Postcode** |  |
| **Email Address** |  | **Mobile Number** |  |

If you give consent for communication by SMS text messaging and have a mobile number attached to your records, we may contact you in regards to the following things-

* You will get an automatic SMS to confirm any appointment you book with us
* To inform you of any test results (subject to your preferences below)
* To offer you a vaccination
* To ask you to book an annual health check if you have any long term medical conditions
* To request that you contact reception/book an appointment

*Please not that if another person’s mobile number is attached to your records they will also receive the same message.*

**My text communication preferences are: (please tick all that apply):**

|  |  |
| --- | --- |
| Give consent for communication by SMS text messaging |  |
| Declined consent for communication by SMS text messaging |  |
| Give consent to receive test results by SMS text messaging |  |
| Declined consent to receive test results by SMS text messaging |  |

**I understand and agree with each statement (please tick):**

|  |  |
| --- | --- |
| I will be responsible for the security of the information that I receive |  |
| If I choose to share my information with anyone else, this is at my own risk |  |
| I will contact the practice as soon as possible if I suspect that my information has been accessed by someone without my agreement |  |
| If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_