

Communication Consent Form

Lowfield Medical Centre

65-67 Lowfield Street, Dartford, Kent. DA1 1HP

IF YOU CHANGE YOUR CONTACT DETAILS PLEASE BE SURE TO LET US KNOW.

Name:

Date of birth:

Home Telephone:

Mobile Telephone:

House/Flat number: Postcode:

Email Address:

Consent: (Please circle your selections)

*You can grant consent to all the purposes of use, one of them or none of them.
We need your consent to be able to contact you.*

Consent to be contacted by mobile telephone: YES/NO
or by landline: YES/NO

(All telephone calls are recorded for training Purposes)

Consent to have messages left on answer-machine: YES/NO

Consent to receive communication via e-mail: YES/NO

*Requests for you to make an appointment/
contact surgery (via email):* YES/NO

Information about test results (via email): YES/NO

Consent to receive communication via SMS: YES/NO

(SMS communication is operated through the fully GDPR compliant third party provider 'iPlato.')

Appointment reminders(via SMS): YES/NO

*Requests for you to make an appointment/
contact surgery(via SMS):* YES/NO

Information about test results (via SMS): YES/NO

Please only answer the following if you are a smoker.

Are you happy for us to contact you to update your smoking status / offer cessation advice?

Via Email: YES/NO

Via SMS: YES/NO

Privacy Notice:

Patient Privacy is important to us, and **Lowfield Medical Centre** would like to communicate with you in relation to healthcare services offered by the practice, which means that we need your consent.

This may include using emails regarding your health, and the use of text messaging to send patients reminders about the details of their next appointment.

Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Your contact details will be used solely in relation to healthcare services offered by the practice, and will never be used for marketing purposes. You can choose to opt out of the services at any time by contacting Lowfield Medical Centre's data protection officer.

If you have any queries please speak to the data protection officer (Ben Lawrence).

**Please sign below and hand this form in at the practice reception
if you consent to any, or all, of the above.**

By signing you are agreeing to keep the surgery up to date with your current contact details please tick here to confirm that you have read and acknowledged this:

Signature: Date:

For Patients under the age of 16 Parent / Guardian will need to sign on their behalf.

PRINT NAME:

Relation to patient (If under 16):