

Stoke Road Surgery

Patient On-Line Access Consent Form

By signing this consent form, you are confirming that you have read and understood the attached information. You are also confirming that you will be responsible for keeping access to your / your child's account private and secure. If, at any time, you are concerned that the security of your account has been compromised or may be accessed inappropriately by someone else, contact us immediately and we will reset your account for you.

Name

Address

E-mail address

(Please use
CAPITAL letters)

Mobile Number

DOB Signature

I would like to receive my username & password by text (smart phone required)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

1st Child's name (if under 16)DOB.....

2nd Child's name (if under 16)DOB.....

3^d Child's name (if under 16)DOB.....

Surgery Use Only

Photo ID seen and Number

Signed Date

Print name.....

Surgery Use Only

For parental access

1st Child's Photo ID and Number.....

2nd Child's Photo ID and Number.....

3rd Child's Photo ID and Number.....

Signed Date

Print name.....

Please turn over to complete the text messaging form ...

Stoke Road Surgery

Patient SMS & E-mail Consent Form

To help with communication, we use sms text messaging to confirm appointment bookings and cancellations, send appointment reminders and send important health promotion information, (for example, when we are running our flu clinics). We also occasionally use e-mail to send health information.

For this purpose, your mobile number and e-mail address are subject to the same confidentiality rules and regulations as your medical records.

If you would like to benefit from this service, please complete the form below and hand it in to reception. You can cancel at any time by letting us know you no longer want text / e-mail messages from the surgery.

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I confirm that;

I have read and understood the information leaflet provided and give my consent to receiving;

(please tick)

- text messages from Stoke Road Surgery (*please **confirm your mobile No.** and **sign the form***)
- e-mails from Stoke Road Surgery (*please **confirm your e-mail** and **sign the form***)

E-mail address

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(Please use **CAPITAL** letters)

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Mobile Number

- I understand that I can withdraw my consent at any time by informing the surgery in writing.
- I understand that I will have to inform the surgery if I change my e-mail address or mobile phone number.

Signed Date

Print name..... Date of Birth

Thank You. Please hand this form in at Reception.