

Email and mobile phone communication consent form

I agree to the following terms and conditions when subscribing to electronic mail (e-mail)/cell phone text communication with the staff at Howick Health and Medical Centre.

The e-mail address/cell phone number I have provided is my own and therefore only I have access to my messages. Where the email address is shared, I give consent for messages sent from this practice to be potentially shared by others who have access to my e-mail account/mobile phone.

It is my responsibility to maintain the privacy of any emails/texts sent from Howick Health and Medical Centre to my email address/mobile phone.

I will not send unsolicited spam messages. I agree to abide by The Unsolicited Electronic Messages Act 2007.

I give consent to Howick Health and Medical Centre sending me e-mails/texts. This includes and is not limited to: laboratory and radiology results, reminders for screening examinations/investigations, practice news, and appointment reminders.

I reserve the right to withdraw my email address/mobile number from Howick Health and Medical Centre's database. I will however state this clearly to Howick Health and Medical Centre if I decide to do this.

It is my responsibility to inform Howick Health and Medical Centre if I change my e-mail address/ mobile phone number.

If you have changed your home/work phone number/ address please let us know as well by writing the changes below:

Home ph no:

Work ph no:

Address:

Current email address:

Current mobile phone number:

Signed:

Name:

Date:

PLEASE PASS THIS BACK TO RECEPTION