

CPG50F - SMS TEXT MESSAGING TO SERVICE USERS PROCEDURE

APPENDIX 1

**CONSENT FORM – FOR USE OF SMS TEXTING**

**Consent to receive appointment reminders by SMS text message**

**APPOINTMENT REMINDER BY TEXT (Example)**

We will contact you approximately 2 weeks before your appointment due date.

The text will not identify the sender and will read as follows:

**'Appointment reminder: Date and Time'**

Please let us know if your phone is lost, stolen or you have changed your number

The health practitioner may wish to contact you by SMS Texting to remind you about a forthcoming appointment.

- I agree to the service communicating with me by Short Messaging

Service (SMS or Text)

- I confirm that the mobile number the service holds on my record is correct and I will notify them of any changes.
- I agree to receive a reminder of my appointment by SMS
- I agree to receive a reminder of my daughter/son's appointment by SMS
- I am aware that I can withdraw consent at any time by informing the Health Professional either verbally or in writing.

**NHS Number:** ..... **DOB:** .....  
**(To be completed by Health Professional)**

Name of Service User .....

Name of Parent/Carer .....

(If parent/carer of a child under 16 years / a service user that does not the capacity to consent on their own)

**Consent obtained by:**

Name: ..... Speciality:.....

Signature: ..... Date:.....