

**CONSENT TO LEAVE TELEPHONE MESSAGES AND USE EMAIL**

In accordance with the Data Protection Act, the practice requires written consent from any patient who is happy for us to leave a message on their answerphone in the event that we need to contact them.

We are also looking to extend the use of email addresses for our patients, so that we can use an email address in place of a paper letter whenever feasible. You will also need to remember to inform us of any change to your email address.

Please would you indicate, by completing the attached form, if you are happy for us to contact you by email or leave a message on your answerphone, bearing in mind that this may contain confidential information about yourself.

**I give consent for the practice to leave messages on my telephone -**

Home \_\_\_\_\_

Mobile \_\_\_\_\_

**I give consent for the practice to leave a message about any aspect of my medical treatment third party name (pls print name)**

Name: \_\_\_\_\_

**I give consent to use my email address to contact me**

Email address (please write clearly) \_\_\_\_\_

*Please also be aware that the integrity and security of emails cannot be guaranteed on the internet and if you are asking us to use an email address at your place of work that this may be seen by other colleagues and in the case of non-delivery be forwarded to a general postmaster*

The consent is to remain in force from today     /     /     until further notice of cancellation by me.

Signed \_\_\_\_\_

D.O.B. \_\_\_\_\_

Print Name \_\_\_\_\_