



# Consent Form

## Patient Text Message, E Mail, and Automated Phone Calls

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. I consent to Siyan contacting me by text message, email, and automated phone calls for the purpose of receiving appointment reminders.
2. I acknowledge that appointment reminders by text, email, and automated phone calls are an additional service and that these may not take place on all occasions and that the responsibility of attending appointments or cancelling them still rests with me. I understand that if I am not able to keep an appointment, I will phone the office to cancel.
3. Text messages, email, and automated phone calls are generated using a secure facility, but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure.
4. All patients have the right to discontinue these services and must notify front office reception.
5. I agree to advise Siyan if my mobile number changes or if this is no longer in my possession.

Signed \_\_\_\_\_

Date \_\_\_\_\_

PRACTICE USE ONLY:	FORWARD FOR SCANNING <input type="checkbox"/>
	PATIENT CONSENT FORM COMPLETED <input type="checkbox"/> STAFF INITIALS _____