



## CONSENT FORM- FOR USE OF SMS TEXT MESSAGE

**Please let us know if your phone is lost or stolen**

Your Health Practitioner may wish to contact you by SMS for health reminders or if you need to follow up with your practitioner for test results.

- I agree to Morningside and Belmont General Practice communicating with SMS text message
- I confirm that the mobile number held is correct and I will notify the practice of any changes
- I am aware that I can withdraw consent at any time by informing the Health Practitioner or the practice either verbally or in writing.
- I agree that it remains my responsibility at all times to contact the practice regarding tests that have been ordered by my Health Practitioner.

**NAME** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**MOBILE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_