

## Patient Text e mail and On Line Access For existing Patients over 16

Patient's Name:	
Date of Birth:	
Home Tel:	
Mobile No:	
Email address:	

Beacon Surgery will contact me by text message and/or email for the purposes of appointment reminders and health promotion on the contact number/address given below.

I understand and confirm the following:

- The forwarding of appointment reminders by text is a service provided by the practice and that reminders may not be sent on all occasions.
- I remain responsible for attending or cancelling appointments.
- Although text messages are generated using a secure facility they are transmitted over a public network onto a personal telephone and as such may not be secure.
- I am responsible for notifying the practice of any change in contact details.
- I have the right to cancel the text message / email facility at any time.

Beacon Surgery will send me log on details for:

- Booking Appointments on line
- Requesting Repeat Medication
- Viewing my Summary Care Record

Patient's Signature:	
Date:	

<b>For Surgery Use</b>	
Photo ID:	
Patients Usual Dr advised:	
Registration Accepted by:	