FULL NAME:

DATE OF BIRTH:

The contact information you have provided will only be used by the GP Practice to get in touch with you regarding your healthcare. We do however require your consent for keeping your data for these purposes. Please complete each line below by circling the relevant option then sign your name in the space provided.

I consent / do not consent to the surgery using my address and email address for general correspondence related to my healthcare.

Signed..................................................................

I consent / do not consent to the surgery using my Mobile phone number and or email address for the purpose of sending appointment reminders.

Signed..................................................................

I consent / do not consent to the surgery using my Home and or Mobile number for the purpose of contacting me regarding Test results, GP telephone consultations and medical matters requiring resolution sooner than mail correspondence would provide.

Signed..................................................................

The surgery sometimes opts into University led disease research projects which require patient participation. I consent / do not consent to being contacted by researchers solely for the purpose of them explaining a research project and requesting my consent for participation in the project.

Signed..................................................................

My next of kin choice has consented for me to provide their contact info to the Surgery.

Signed..................................................................

This consent document will be filed in your medical record. You can change your consent choices at anytime.