



Gungahlin Medical Centre

128/43 Hibberson Street

Gungahlin ACT 2912

Ph: 02 6255 0888 Fax: 02 6134 6745

CONSENT FORM

Patient Text Message & E Mail

Full Name:

Date of Birth:

Address:

Mobile Phone:

Email Address:

Names of Children under 16:

1. I consent to the medical centre contacting me by text message and email for the purpose of receiving appointment reminder, notify your results and e-scripts are available.
2. I acknowledge that appointment reminders by text 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 surgery to cancel.
3. Text messages 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 change their mind and have this service stopped. If you no longer wish to receive these reminders please notify reception.
5. The medical centre does not offer a reply facility to enable patient to respond to texts directly.
6. I agree to advise the medical centre if my mobile number changes or if this is no longer in my possession.
7. I agree to give permission for release of my medical records to the above email address, staff have informed me of possible privacy risks due to the use of email and electronic communications. These risks include that the email may be seen by an unintended recipient, or accessed by malicious third parties who hack into email accounts. The emails we send are not encrypted. Your records will be sent as an attachment in PDF format.

Signed

Date:

This Consent is for Future occasions until further notice.

please call 6255 0888 to change your consent status.

Please email to: reception@gungahlinmedicalcentre.com.au

Kind regards
Gungahlin Medical Centre