

## Braids Medical Practice Consent Form

In accordance with the Data Protection Act 2018 the practice needs your consent to:

1. Release any information regarding you to a third party
2. To allow the practice to send SMS text to your phone either with health information or appointment date and time (for selected appointments only)

The practice would therefore be grateful if you could complete and sign this form if you are happy to give your consent.

Your Name:

Your Date of Birth:

Third Party Name and contact details:

Please tick the appropriate box if you **DO NOT** wish to give consent to:

Release your information to a third party ( )

Receive SMS Texts from the practice ( )

It is your responsibility to ensure that the practice has your most up to date information therefore, if you change any of your personal information, including your mobile phone number, please inform the practice.

Your signature

Date of signing