



Patient Consent for Communication from the Practice

As part of the provision of health care services to you, we may send you the following types of communications, via SMS, letter or email:

1. **appointment reminders** – notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment;
2. **clinical reminders** - notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due;
3. **clinical communications** - communications to you about your clinical care at the practice such as returned pathology results or clinical messages from the medical practitioner; and
4. **health awareness** – communications to you in relation to general health care information and health care services provided by this general practice including notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

We may use third party service providers (for example online booking) to assist us in sending you the above communications. Please contact the practice if you do not want to be contacted by SMS. You can unsubscribe from emails by following the prompts at the bottom of our emails.

I, _____

- give consent to receiving communication from Erskineville Doctors as outlined above
- acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me.
- understand that if the mobile number I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

IF YOU HAVE ANY CONCERNS ABOUT ANY SECTION OF THIS CONSENT FORM PLEASE DISCUSS WITH YOUR DOCTOR IN YOUR FIRST CONSULTATION.

Your signature
Patient/Parent/Guardian _____ Date _____

Name of Witness _____ Signature of witness _____