

ROWE AVENUE SURGERY, PEACEHAVEN

CONSENT TO LEAVE TELEPHONE MESSAGES

In accordance with the Data Protection Act, the practice requires written consent from any patient who is happy for us to leave a message on their answer phone in the event that we need to contact them. If we do not have written consent, we are unable to leave a message on any answer phone or with a third party.

PLEASE COMPLETE THE FOLLOWING:

I give consent for Rowe Avenue Surgery to leave messages on my answer phone at:-

Home Mobile

I give consent for the practice to leave a message about any aspect of my medical treatment with (please print third party name):

Name:

The consent is to remain in force from today / / until further notice of cancellation by me.

Signed D.O.B. / /

Print Name

EMAIL ADDRESSES

We are looking to extend the use of email addresses for our patients, so that we can use an email address in place of a paper letter whenever feasible. Please would you indicate, by completing the attached form, if you are happy for us to contact you by email, bearing in mind that this may contain confidential information about yourself. Please also be aware that the integrity and security of emails cannot be guaranteed on the internet and if you are asking us to use an email address at your place of work that this may be seen by other colleagues and in the case of non-delivery be forwarded to a general postmaster.

You will also need to remember to inform us of any change to your email address.

I (full name) _____ (date of birth) _____

Confirm that I am happy for Rowe Avenue Surgery, Peacehaven to contact me by the following email address and I understand that the content of the emails may contain confidential information. I understand that the integrity and security of emails cannot be guaranteed on the Internet and an email address at my place of work may be seen by colleagues.

Signed: _____ Date: _____

My email address is: _____
(please write clearly)

When your details have been added to the system an acknowledgement email will be sent to you.

PLEASE RETURN THIS FORM BY HAND, BY FAX ON 01273 579501 OR BY POST TO: ROWE AVENUE SURGERY, 17 ROWE AVENUE, PEACEHAVEN, EAST SUSSEX BN10 7PE