

**CONSENT FORM**  
**Amwell Group Practice**

**Next of Kin**

**Name** .....

**Telephone Number** .....

**Relationship**.....

In accordance with the Data Protection Act, the practice needs your consent to speak to a third party regarding your care should this be required.

This consent is to remain in force until further notice or cancellation by me.

Please complete the appropriate box:

I give consent for the doctors/staff to speak to ..... regarding my care.

I do not give consent for the doctors/staff to speak to any third party regarding my care.

**Signed:** .....

**Print Full Name:** .....

**Date of Birth:** .....

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**Leaving Messages and Emails**

In accordance with the Data Protection Act, the practice needs consent from any patient that has an answerphone or voicemail and is happy for us to leave a message. We also need permission to email you. If we do not have consent, we will be unable to leave messages on your answerphone/voicemail or with a 3<sup>rd</sup> Party or email you.

Please complete the appropriate box:

I give consent for the practice to leave messages on my answerphone/voicemail.

Telephone number: ..... and/or.....

I do not give the practice consent to leave messages on my answerphone/voicemail.

I give the practice consent to contact me via email regarding my care

Email address: .....

I do not give the practice consent to contact me via email regarding my care

This consent is to remain in force until further notice or cancellation by me.

**Signed:** ..... **Print Full Name:** .....

**Date of Birth:** .....

## **Sending you appointment reminders by Text Message**

Under the new General Data Protection Regulations (GDPR) we regard appointment reminders and other matters such as Flu vaccination reminders, Stop Smoking Advice etc. sent by text message to your mobile phone as 'direct patient care'. Your consent is not therefore a requirement but you can opt out if you do not wish to receive text messages for any purpose.

(N.B. it is not currently possible to opt out of text messages other than appointment reminders or vice versa)

Please complete the appropriate box:

I wish to OPT OUT from receiving text messages for appointment reminders and any other patient care related matter.

This consent is to remain in force until further notice or cancellation by me.

**Signed:** ..... **Print Full Name:** .....

## **Prescriptions**

The practice needs consent from any patient wishing for someone to collect their prescription on their behalf. Reception staff will not be able to hand a prescription over to anyone collecting on someone's behalf without prior consent.

Please complete the appropriate box:

I give consent for ..... to collect prescriptions on my behalf.

I do not give consent for any 3<sup>rd</sup> party to collect prescriptions on my behalf.

Not applicable

This consent is to remain in force until further notice or cancellation by me.

**Signed:** ..... **Print Full Name:** .....

**Date of Birth:** .....

**N.B. We are unable to hand out prescriptions to any person under the age of 15 on someone else's behalf.**