

**Contact Us:**

Tel: 027 50504 Fax: 027-51988

Email: marinomedical@eircom.net

Patient Consent Form

In order for Marino Medical to contact you regarding our services or for follow up calls, email or text messages we need your consent to do so.

Our practices are consistent with the Medical Council Guidelines and the privacy principles of the Data Protection Acts. <http://www.icgp.ie/data>. All details will be strictly confidential.

Surname: _____

First name: _____

Date of birth: _____

Address: _____

Email: _____

Landline Phone: _____

Mobile No: _____

- I acknowledge that appointment reminders by email / text / phone 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.

- 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.
- All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these reminders please notify reception.
- The surgery does not offer a reply facility to enable patient to respond to email/texts directly.
- I agree to advise the practice if my mobile number/email/phone/personal details change or if these are no longer in my possession.

I consent to Marino Medical Centre contacting me by text message, email, or telephone regarding our services or for the purpose of receiving appointment reminders / follow-up calls (please tick)

Email Mobile phone Landline

Signed: _____



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Print name: _____

Date: _____