

26. Consent for SAMC to leave telephone messages

In accordance with the Data Protection Act 1998 we require 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 any message on any answer phone or with a third party.

The message left will not contain any medical information but will include:

St. Andrew's medical centre called at [time/date] and please could [patient's name] call 01892 515455 and speak to [department].

Please note: The consent will remain in force until we receive a notice of cancellation. Please ensure that you inform us of any change in any of your contact details.

PLEASE COMPLETE THE FOLLOWING					
I give consent for SAMC to leave messages on MY answer phone at	home telephone				
	mobile telephone				
I give consent for SAMC to leave a message about any aspect of my medical treatment with a THIRD PARTY	Name of THIRD PARTY				
	Their home telephone				
	Their mobile telephone				
Patient Surname		First name		D.O.B	
Signature					

SAMC use only: Code: 9Ndi.00