

Consent form for Communication by EMAIL

If you would like us to communicate with you by email. Please complete the form below and hand it into reception. A member of staff will add the email address you wish to use then print an Online Services Registration Letter. Once you have registered online you will be able to use online Patient Services to order Repeat Prescriptions direct to the GP's system. In the future we may offer further Patient Services to access. NOT AVAILABLE TO UNDER SIXTEENS

I consent to communication by email with Ashgrove Group Practice.

Patient details	Please complete in BLOCK CAPITALS																			
Patient forename																				
Patient surname																				
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y										
Email Address																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										
Completing the form on behalf of the Patient?																				
Print forename																				
Print surname																				
Relationship to patient																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										

Please be aware that your email address will be registered on our system with your consent for us to send information to you in this way. If you change email address or pass your email address to another person. It is your responsibility to tell us; otherwise, that person may receive the information intended only for you. Some older children may wish to change consent for this service to their own email address. In this instance they must complete a new consent form at the practice. You may withdraw consent at any time by notifying reception.

Staff use only																				
Staff name																				
Add code to Record	#9NdS code added Y/N																			
Date	D	D	/	M	M	/	Y	Y	Y	Y										
Please complete in BLOCK CAPITALS																				