

# SA1 MEDICAL CENTRE

## PATIENT INFORMATION FOR THOSE WISHING TO REGISTER AT THE PRACTICE

### GENERAL DATA PROTECTION REGULATIONS

Under the new General Data Protection Regulations (GDPR), the practice has produced the following form so that you can choose to opt in or out to receive information and appointment details by text

Please tick two of the following statements below

☐

I wish to opt in to receive information and appointment details by text

☐

I do not wish to receive information and appointment details by text

☐

I wish to opt in to receive information and appointment details by email

☐

I do not wish to receive information and appointment details by email

If you have ticked that you **do** want to receive information and appointment details please provide us with a mobile number and email address below

MOBILE NUMBER .....

EMAIL ADDRESS.....

SIGNED .....

DATE .....