



**Practice Information: Leaving Messages**

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Nottingham West  
Clinical Commissioning Group

**LEAVING MESSAGES**

**This consent form will remain in force until notice of alteration by me.**

**In accordance with the Data Protection act, the Practice needs consent from any patient that has an answerphone and is happy for us to leave a message. If we do not have consent, we will be unable to leave a message on an answerphone or with a 3rd party.**

Please complete the form below, providing ticks in the boxes provided to show consent:

**I give consent for the Practice to leave messages on my answerphone.**

Telephone Number/s:  and / or  \*

\*Complete landline and / or mobile number

**I do not give consent for the Practice to leave messages on my answerphone**

**I give consent for the practice to leave a message about any aspect of my medical treatment with**

Name/s:

Signed:

Print full Name:

Date of Birth:



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