

Florence Text Service Written Consent Form

The Clinical Psychology Team welcomes you to "Florence", the self-care text-messaging service.

I _____, give permission to the staff of the Clinical Psychology Team to provide "Florence" self-care text-messaging services to me.

My mobile number is: _____

I understand and agree:

- I have read the document 'An introduction to Flo'. I understand how the Florence service works and I agree to receive it as a form of self-care support.
- To provide my Name, Date of Birth and Mobile Telephone Number to the Florence service.
- That any information I send to Florence in free-text responses, including personal information, may be processed and relayed back to me via the Florence platform.
- That my Name, Date of Birth, Mobile Telephone Number, and any free-text responses I send will be stored on the Florence platform according to the Nottinghamshire Healthcare NHS Foundation Trust Privacy Notice and will be kept strictly confidential.
- That the Florence service may gather anonymous usage data to evaluate and improve the service, which may be included in study reports.
- That receiving Florence is voluntary, and that I can withdraw at any time without my healthcare being affected, although data already collected will be retained. I understand I can stop Florence messages at any time by texting **STOP**.
- That the Florence service is **not an emergency response service** and **cannot be used to seek healthcare**. I will, therefore, not rely on Florence for healthcare but will contact my healthcare team for help in the usual way if needed.
- That I will let my healthcare team know if I change my Mobile Telephone Number.
- That I should be the only person using Florence on my mobile telephone.
- That my healthcare team may choose to stop Florence at any time.
- **Optional:** I am willing to be approached for an audio-recorded interview or an anonymous questionnaire about my experiences of Florence after using the service

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Patient signature

Date

Clinician's signature

Date

Original to be retained and filed in the site file, one copy for the patient, and one copy to be filed in the patient's medical notes.

Florence Text Service Verbal Consent Confirmation Form

Patient Name:	NHS number:
Date of Birth:	Mobile No:
Format of verbal consent e.g. MS Teams, telephone call:	

Please initial (clinician)

- After explaining the document 'An introduction to Flo' to the patient, I can confirm that the patient understands how the "Florence" self-care text-messaging service works, and agrees to receive it as a form of self-care support.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

The patient understands and agrees:

- To provide their Name, Date of Birth and Mobile Telephone Number to the Florence service.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That any information they send to Florence in free-text responses, including personal information, may be processed and relayed back to them via the Florence platform.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That their Name, Date of Birth, Mobile Telephone Number, and any free-text responses they send will be stored on the Florence platform according to the Nottinghamshire Healthcare NHS Foundation Trust Privacy Notice and will be kept strictly confidential.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That the Florence service may gather anonymous usage data to evaluate and improve the service, which may be included in study reports.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That receiving Florence is voluntary, and that they can withdraw at any time without their healthcare being affected, although data already collected will be retained. They understand they can stop Florence messages at any time by texting **STOP**.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That the Florence service is **not an emergency response service** and **cannot be used to seek healthcare**. The patient will, therefore, not rely on Florence for healthcare but will contact their healthcare team for help in the usual way if needed.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That they will let their healthcare team know if they change their Mobile Telephone Number.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That they should be the only person using Florence on their mobile telephone.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- That their healthcare team may choose to stop Florence at any time.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- Optional:** The patient is willing to be approached for an audio-recorded interview or an anonymous questionnaire about their experiences of Florence after using the service

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Once completed, please sign overleaf:

Patient

Full name (*block capitals*):

Date/time verbal consent provided by patient:

<i>DD/MMM/YYYY</i>	<i>Time (24 hr)</i>
..... / /:.....

Person taking consent

I have explained the Florence service to the above named patient and they have indicated their willingness to participate.

Full name (*block capitals*):

Signature:

Date:

<i>DD/MMM/YYYY</i>
..... / /

Original to be retained and filed in the site file, one copy for the patient, and one copy to be filed in the patient's medical notes.