

ADULT CONSENT FOR TREATMENT AND GDPR EXPLICIT CONSENT DATA PROTECTION AGREEMENT



Patient name:

Treatment Consent

- I confirm that I have read and understood all the information provided and consent to being treated in the manner described.
- I confirm that I am responsible for the payment of fees (including fees incurred due to missed appointments).
- Please tick the box below for the treatment(s) you are happy to receive.

Osteopathy

Acupuncture

Signed

Date:

Explicit Consent

I explicitly consent to you creating and storing medical records concerning my treatment. I understand that this may include details concerning medication, treatment and other issues affecting health conditions, in accordance with the General Data Protection Regulation (GDPR).

I understand that these records will be retained for eight years (or until I reach 25 in the case of someone aged 16-18), or when the treatment is ceased in order to comply with the Institute of Osteopathy legal guidelines. I understand that these records will be processed in accordance with your 2018 Privacy Notice, a copy of which I have seen.

I have read and understood the above information and have the authority to give explicit consent

Signed

Date:

Preferred Communication route/s:

(Please tick **ALL** acceptable options)

For Appointments and Administration

[] Telephone

[] Email

[] Post

For Marketing/promotional material

(only information related to the practice)

[] Telephone

[] Email

[] Post

Signed

Date: