

CHILD CONSENT FOR TREATMENT AND GDPR PARENTAL EXPLICIT CONSENT DATA PROTECTION AGREEMENT



Patient name:

Parent/Legal Guardian name:

Treatment Consent

- I confirm that I have read and understood all the information provided and consent to my child 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 for your child to receive.

Osteopathy

Acupuncture

Signed

Date:

Explicit Consent

I explicitly consent to you creating and storing medical records concerning the treatment of the above mentioned child. 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 until the child reaches 25, 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 on behalf of the patient. I am acting in the capacity of parent or legal guardian.

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: