

CONSENT FORM

The Law is changing in the way we protect you and your personal information with the new General Data Protection Regulation that comes into effect from 25th May 2018. Written consent is now required with regards to information we hold and with whom we can share this information. We now require written permission from you with regards to allowing us to use your personal information.

Can you please read the following information and tick the boxes which indicate where/how you are happy for your personal information, including mobile phone number, to be used/stored in your personal records or shared with third parties where appropriate. Your information will not be shared with any company that is not involved with your dental care, and will not be given to any company or person for marketing use. Any personal information will not be shared without your prior consent.

PERSONAL DETAILS FOR:

TEXT MESSAGE / EMAIL REMINDER ☐

PROMOTIONS ☐

ANY REFERRAL ☐

PHOTOGRAPHS ☐

REFERRALS ☐

LABORATORY REFERRAL ☐

I AGREE TO ALL OF THE ABOVE ☐

If you have any concerns or questions regarding this consent form then please speak to your Dentist. A copy of our Consent Policy & Data Protection and Information Security Policy are available from the Practice Manager.

Name:

Date:

Signed: