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Consent to process data

Have you been given a copy of our privacy notice and read it? Yes  No

In order to communicate with you about your care, under the terms of the General Data Protection Regulations (GDPR), we need your permission.

You are free to choose how you would like to be contacted by us. Please bear in mind medical matters are confidential and on some occasions we need to be able to get hold of patients quickly.

If you do not state a preference we will contact you by email using the address you registered with us. We also reserve the right to contact you by post in order to request settlement of any outstanding fees if this proves necessary.

Name: ..... Date of Birth: .....

Please indicate your choices from the following (you can select as many as you like):

**Please use this email address**  .....

If selected please indicate if you would like to receive: encrypted emails   
Or unencrypted emails

**Please send by post to this address**  .....

.....

**Please use this / these phone numbers**  .....

You are free to change your choice(s) at any time in the future. Please contact Declan Cahill Ltd on the above contact details to do so.

I understand Declan Cahill will need to communicate with my GP and / or other clinicians involved in my care.

Yes  No

Signed..... Dated .....