

# GDPR PATIENT EXPLICIT CONSENT DATA PROTECTION AGREEMENT



## Explicit Consent

I explicitly consent to you creating and storing medical records concerning my treatment, which may include details concerning my medication, treatment and other issues affecting my health conditions, in accordance with the General Data Protection Regulation (GDPR). I understand that these records will be retained after 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 give my explicit consent:

Signed ..... Date: .....

Patient name: .....

If acting in the capacity of a legal guardian, please state your role and authority

.....

For future appointments and administration, our preferred communication route/s is:

- Telephone
- Email
- Post
- Other (please state) .....

I consent to receiving appointment reminders by text

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Signed: .....

Date: .....