|  |  |
| --- | --- |
| **Full Name and Title**  |  |
| **Date of Birth**  |  |
| **Address**  |  |
| **Contact Numbers** |  |
| **Email Address**  |  |

The Staight Practice works to a high standard of care protecting your privacy and personal information as well as your health. Under GDPR legislation we need to gain your consent to store your information. This assists in effectively managing your healthcare. Details will only be shared with your consent to people we may refer you to or your NHS GP.

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| --- | --- |
| I consent to The Staight Practice storing my data  |  |

Please confirm how you wish to receive your medical results. Please note The Staight Practice **does not** use an encryption service on our emails.

|  |  |
| --- | --- |
| Email medical results, reminders and recalls.  |  |
| Post medical results and recalls.  |  |
| Email and post medical results and recalls.  |  |

As a private practice we advise all patients to inform their NHS GP of any treatment or tests that they have undertaken at The Staight Practice and send them copies of your results.

We would be happy to liaise with your NHS GP if required.

Chaperones are available for your appointment, please ask reception for further details.

**Please sign and date to complete this form**.

|  |  |
| --- | --- |
| Patient or Parents Signature |  |
| Date  |  |

The Staight Practice Ltd. Registered Office: 2 Pelham Street London SW7 2NG. Company Number 7637695

**Further information on confidentiality and GDPR is available in the waiting area and our website**