

The Staight Practice Registration Form

NAME

DOB Mr / Mrs / Miss / Ms /

ADDRESS

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TEL.HOME..... MOBILE.....

E-MAIL.....

The Staight Practice works to a high standard of care when it comes to protecting your privacy and personal information as well as your health. We do need to store information to effectively manage your healthcare. However, in line with the new EU GDPR legislation we would like your consent to store your data.

<input type="checkbox"/>	I CONSENT TO YOU STORING MY DATA
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Please choose whether you would prefer to be contacted by e-mail or post for information such as recalls and results. Please also note that we do NOT encrypt our e-mails.

<input type="checkbox"/>	E-mail results and recalls
<input type="checkbox"/>	Mail results and recalls
<input type="checkbox"/>	E-mail and post are acceptable

NHS GP NAME

Address

Tel.....

I WOULD / WOULD NOT LIKE YOU TO COPY CORRESPONDENCE TO MY NHS GP

IF YOU REQUIRE A CHAPERONE PLEASE SPEAK TO THE RECEPTIONIST OR YOUR DOCTOR.

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Patients's / Parent's signature

Date