Beacon Lodge Dental Practice

Data Processing Consent Form

I have been provided with the Practice Data Protection Privacy Policy. This details the way personal data about me is processed.

I agree to personal data about myself being gathered by my dentist / hygienist or an employee of the Practice.

I understand the reasons for this and I consent to its processing for the purposes of providing dental care for me.

| - | occessing will be in accordance with the General Data Protection s described in the Practice Data Protection Privacy Policy. |
|---|---|
| PRINT NAME | SIGNED |
| DATE | |
| | all areas of your dental care including making and changing s possible for you and your family. |
| In order for us to cont | inue to contact you, we require your consent. |
| Please CIRCLE your | answers below. |
| I consent specifically to communicate with me a | personal data being processed so that Beacon Lodge can as listed below: |
| Text to your mobile | Yes /No |
| Phone Call | Yes /No |
| E-mail | Yes /No |
| Letter | Yes /No |
| Are you happy for us to | leave messages for you on an answer phone: Yes/No |
| Are you happy for us to | leave messages for you with a family member: Yes /No |
| If YES please give nam | e (s) |
| Are you happy for us to partner? Yes /No | discuss any aspects of your dental treatment with a family member or |
| If YES please give nam | e (s) |
| Are you happy for a far | nily member /partner to make or change appointments for you? |
| Yes/No If YES | Splease give name(s) |

WE WILL NEVER SELL YOUR DATA AND WILL TREAT YOUR DATA WITH RESPECT.

| If we are referring you out of the practice ie: Hospital, Specialist or GP, are you happy for us |
|--|
| to share / process information about you? Yes / No |
| Are you happy for us to share / process information about any child you have parental |

Are you happy for us to share / process information about any child you have parental responsibility? Yes / No / N/A

| If NO please give name(s |) |
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|--------------------------|---|

You have the right to withdraw or amend any aspect of this consent at anytime, but this may affect the care we can provide.

IF YOU WISH TO WITHDRAW CONSENT PLEASE INFORM US IN WRITING.

Further information of how you can withdraw any aspect of your consent and our procedures for ensuring that personal information we hold about you is processed fairly and lawfully under the General Data Protection Regulations (GDPR) May 2018, can be found in our Practice Data Protection Privacy Policy in the Information Folder in the waiting area or a copy is available on request from reception.
