

**Please read the consent statement below and reply by *COMPLETING* either Option A or Option B.**

Following the introduction of GDPR which came into effect in May 2018, we are legally obliged to obtain your written consent to process and hold your child's data, communicate and correspond with you and other healthcare providers in this regard. In doing so efficiently and effectively, certain medical and personal information, including yours may be contained.

**Our Usual Practice - (Consent Statement):**

In order to deliver the best possible patient care, our Practice would make contact with you in relation to appointments (confirmations, reminders and clinic cancellations), medical (clinic letters, results, and medical reports) and financial (invoicing, receipts, processing of credit/debit card payments, claim forms and reminders). Our methods of contact would be via Email, post, telephone and SMS.

It is best practice, to send letters/reports to the GP, your referring doctor (if applicable), in addition to yourself where possible. Your child may require onward referral to another Specialist or for investigations following discussion with the doctor. If agreeable to the referral, a letter containing only relevant medical information and results would be sent. This would also contain your contact details.

Where you have provided medical insurance membership and authorisation details, we will send invoices direct to insurers on your behalf. Where you have provided credit/debit card details, we would process the payment automatically if you are self-funding, have insurance shortfalls or do not cancel an appointment and fail to attend. We will email you a receipt for your records.

We would prefer to communicate with one family member where possible.

Where families have appointed a PA or nanny to assist with health matters, we will require their full name, telephone number and email address, along with your written permission to communicate appointment, medical and financial information as appropriate.

From time to time we may send an email update to advise of any relevant medical or Practice information, but do not pass any of your information on for marketing purposes. Our Privacy notice for your further information is upon request.

**Your Consent:**

We would ask that you sign **one** of the following declarations:

**A:** I [name] \_\_\_\_\_

provide my consent for your Practice to handle our data as detailed in the above Consent Statement. In addition, I confirm I would / would not like to receive correspondence from your office via email.

OR

**B:** I [name] \_\_\_\_\_

provide my consent for your Practice to handle our data as detailed above Consent Statement EXCEPT: please advise on any specific preferences you may have. \_\_\_\_\_ In addition, I confirm I would / would not like to receive correspondence from your office via email.

Thank you