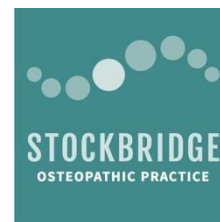


GDPR PARENTAL CONSENT and EXPLICIT DATA PROTECTION AGREEMENT - Osteopathy



Parental Consent

I agree / do not agree: to the Osteopath taking details about my child's address, present complaint, medical history and current medication.

I agree / do not agree: for my child to undergo assessment, examination and treatment by the Osteopath.

I understand it may be necessary to undress to my child to their underwear for the purpose of assessment and treatment.

I agree / do not agree / do not wish at present: to the practitioner contacting my child's GP or health care provider.

I understand that 48 hours notice must be given to cancel or change an appointment, or the cost of the missed appointment may be charged.

I have read and understood the above information and give my explicit consent for my child:

Signed Date:

Patient name:

Explicit Consent for Data Protection

I explicitly consent to you creating and storing medical records concerning the treatment of:

....., I understand that this may include details concerning medication, treatment and other issues affecting health conditions, in accordance with the General Data Protection Regulation (GDPR).

I understand that these records will be retained until the child reaches 25, or when the 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 have the authority to give explicit consent on behalf of the patient:

Signed Date:

Patient name:

I am acting in the capacity of parent or legal guardian (please state)

.....

For future appointment confirmations and reminders, track active exercises and administration, our preferred communication route/s is (*please note confirmation reminders are only sent by email*):

Telephone Email Post Other (please state)

Are you happy for us to hold your client records electronically? Yes No

Promotional Information

For the purposes of promoting healthcare including offers and advice the Practice would also like to stay in touch with you, with information that may be of interest to you.

For providing promotional information you can stay in touch with me using the following methods:

Telephone Email Post Other (please state)

Signed: Date: