BEACON LODGE DENTAL PRACTICE

DATA PROCESSING CONSENT FORM

Please read and tick the appropriate options if you agree:

- I agree to personal data about myself being gathered and stored securely by Beacon Lodge Dental Practice…….
- I agree to any photographs/ images to be taken and stored securely by Beacon Lodge Dental Practice……
- I agree for Beacon Lodge Dental Practice to share information if I am referred out of the practice for further or specialist treatment……
- I agree on behalf of any child under18 yrs old for whom I have parental responsibility to their information being shared if they are referred out of the practice for further or specialist treatment…….

Name/s ……..

I understand that this is to assist with my/their dental/medical care.
All information is processed fairly and lawfully under **GDPR** (May 2018) and as described in the practice **Data Protection Privacy Policy.**
This policy is available in our waiting room and a copy is available on request.

I am happy to be contacted and/or messages left by:

TEXT MESSAGE ….. PHONE …..

EMAIL….. LETTER …..

I agree for Beacon Lodge to leave messages and/or disclose information relating to my dental treatment with the following named person/s :
Name/s: …….
…….

You have the right to withdraw or amend any aspect of this consent at any time in writing to Beacon Lodge Dental Practice.

Print name …….

Signed ……. **Signed …….**
Date …… **Date ……**

Signed ……. **Signed …….**
Date …… **Date …….**

Signed ……. **Signed …….**
Date …… **Date ……**