

COMMUNICATION CONSENT FORM

We process personal data for the purposes of providing optimum healthcare, sending important updates to you, providing you with news about treatments and what is happening at the practice; informing you about our services and promotions

In line with the new GDPR directive, your consent is not required for important notifications such as appointment reminders, dentists leaving the practice, absence of leave at the practice, ad hoc changes to opening hours, closures due to weather or unforeseen emergencies.

You can withdraw your consents at any time by email to **reception@wellingtondentalpractice@hotmail.com**

PATIENTS FULL NAME	
DATE OF BIRTH	
EMAIL ADDRESS	
HOME PHONE NUMBER	
MOBILE NUMBER	

THE PRACTICE CAN CONTACT ME		
I would like to receive details of product & service information or promotions	Yes	No
Stop all communications apart from important notifications	Yes	No
I consent to messages being left with a spouse/family member	Yes	No
I consent to a spouse/family member(s) making my appointments	Yes	No
If yes, please give the spouse/family member name(s):		

CONTACT PREFERENCES (PLEASE TICK)	
EMAIL	
PHONE	
TEXT	

Your personal information will **never** be passed to third parties unless we are making a professional referral for you. If we have your consent for referral to another health care provider, we will send them just the information they need to provide the necessary assessments, tests or treatments.

Patient Signature

Today's Date

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