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**Consent**

We need to gain your explicit consent about what we can do with your personal data. Please read the statements below and tick the boxes as appropriate.

 I consent to my name , address, contact telephone numbers, and email address being kept on the Aylestone House Dental Practice Database for administrative purposes.

**Privacy Policy**

We will only use any information that you provide consistent with the principles of the Data Protection Act (and GDPR after May 2018). Where we ask for personal information (your contact details, medical history) this is to ensure we provide you with information that we believe is important to your dental care. At no time will your personal information be shared with third parties unless you have given us permission to do so. (for example : outside referral to different practice or hospital) Other information collected is to help us to continually improve our service to you.

 I have read, understood, and accepted the Aylestone House PRIVACY POLICY for Patients.

**PATIENT PREFERRED CONTACT METHOD**

**I (PATIENT NAME………………….…………..…DOB………………) confirm that my contact details are correct and I would prefer to be contacted by this Dental Practice by the following method (please insert preferred method and details)**

**Home or mobile telephone number: ……………………………………………….**

**Email address:…………………………………………………………………………….**

**Text/SMS message: ……………………………………………………………………..**

**Letter Post:………………………………………………………………………………...**

**Address:……………………………………………………………………………………**

**If I am unable to speak/receive a message/read any correspondence I authorise the Practice to**

**Leave a message on this telephone number:………………………………………….**

**OR**

**Communicate with my Husband/Wife/Parent/Partner/Carer**

**Give Name: Relationship:**

**Signed Date**

**Permitted use of personal data (TICK - A or B)**

1. **EITHER, In the event that any person working at Aylestone House Dental Practice wishes to use any of my personal data for use for marketing, promotional, educational, training or any other purpose than my care and treatment; I permit the practice management to make an information request to me using the following method: Specify how to be contacted here:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I do not permit the practice management to request using my personal data for any purpose other than my care and treatment.**

**Marketing and advertising (TICK - C OR D )**

1. **I am happy to receive marketing materials including offers and advertisement .Specify how to be contacted here:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I am NOT happy to receive marketing materials.**

**NAME: SIGNED Date**