



**Consent to use Personal Contact Information on your Practice Records**

With General Data Protection Regulations being introduced from 25<sup>th</sup> May 2018, we need your consent to use your personal contact information for communications and your health care.

Please tick one of the boxes below:

- Yes, I agree to you continuing to use my personal contact information
- No, I no longer want you to use my personal contact information.  
*NB: Please see reception if this is your preferred option.*

If your personal contact information has changed, please detail this here and tick the box for 'Yes' above:

Contact Details			
Title (Circle One)	Mr/Mrs/Ms/Miss/Other:	Date of Birth: (DD/MM/YYYY)	
First name/s:		Surname:	
Mobile No:		Telephone No:	
Address:			



**Consent to use Personal Contact Information on your Practice Records**

With General Data Protection Regulations being introduced from 25<sup>th</sup> May 2018, we need your consent to use your personal contact information for communications and your health care.

Please tick one of the boxes below:

- Yes, I agree to you continuing to use my personal contact information.
- No, I no longer want you to use my personal contact information.  
*NB: Please see reception if this is your preferred option*

If your personal contact information has changed, please detail this here and tick the box for 'Yes' above:

Contact Details			
Title (Circle One)	Mr/Mrs/Ms/Miss/Other:	Date of Birth: (DD/MM/YYYY)	
First name/s:		Surname:	
Mobile No:		Telephone No:	
Address:			

--	--

