

**Explicit Consent**

Patient name: ………………………………………………………………………………………………

I explicitly consent to you creating and storing medical records concerning my treatment, which may include details concerning my medication, treatment and other issues affecting my health conditions, in accordance with the General Data Protection Regulation (GDPR), Data Protection Act 1998 and Data Protection (Amendment) Act 2003. I understand that these records will be retained for eight years, (or until I reach 25 in the case of someone aged under 18), when treatment is ceased in order to comply with the Osteopathic Council of Ireland 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 give my explicit consent:

Signed …………………………………………….. Date: ………………………………

If acting in the capacity of a legal guardian, please state your role and authority

……………………………………………………………………………………………………………………..

For future appointments and administration, our preferred communication route/s is:

[ ] Telephone

[ ] Email

[ ] Post

[ ] Other (please state) ……………………………………………………………….………………

**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: ………………………………