

Data Protection



Name: _____ DoB: _____

Telephone: Home: _____

Mobile: _____

Work: _____

Email: _____

How would you like to be reminded of your appointments?

Landline call Mobile call Email Text message

I give permission for details of my appointments and health information to be left by the following means:

Home telephone/voice message Mobile telephone/voice message or text

Work telephone/voice message Email

Would you like to go paperless? Yes No

I give permission for the following individuals to access this information if required:
(We will NOT be able to discuss your appointment times or your protected health information with anyone not listed below)

Name:	Relationship:
1.	
2.	
3.	

We are required by law to carry out regular audits on key information related to your clinical records. This ensures that we maintain our existing high standards and continually improve the quality of care we provide. Please be assured that all audits are strictly confidential. **Please tick to acknowledge that you have read and understood this notice.** If you would like to discuss this further, please ask to speak to the principal dentist.

Where did you hear about us?

Recommendation Referral Please name: _____
Google Facebook Instagram Other: _____

Data Protection
One of the biggest changes to UK data privacy law came into effect on 25th May 2018. The General Data Protection Regulation (or 'GDPR') is a really positive step towards having more control over your data.
We would love to keep you up-to-date with our latest news and in-practice promotions, but for this we need your consent;
I am happy to be contacted by St.James Dental with practice news and special offers
I do not wish to be contacted by St.James Dental with practice news and special offers

Patient Declaration

I am happy to undergo dental procedures once they have been explained to me and discussed with me by my dental care professional. I assume responsibility for the payment of all fees associated with my dental procedures on the date it is received unless arranged otherwise.

Print name: Signed: Date:

Patient: Parent: Guardian: Carer:

At St.James Dental, we take great care with the personal data we hold to ensure that we comply with best professional practice and within the law. For a full copy of our Data Privacy Notice, please ask at reception or visit our website.