General Data Protection Regulations (GDPR) requires us to gain your specific consent in order to send you treatment reminders, our ‘Friends & Family’ referral discount vouchers and any clinic information. We are also under a duty of care to ensure that the information that we hold on our systems about you is correct.

**Please review our Privacy Policy carefully and select if/how you would like to receive communications from us**. Please note that you have to ‘OPT IN’ (by ticking in the boxes below) if you want to receive treatment reminders or be notified when you have a ‘friends & family’ referral discount!

**NEW PATIENT CONSENT**

I hereby grant Orchard Chiropractic Centre Ltd authorisation to process my personal data for the purposes of providing patient care to me and any dependents under 16 years old. It may be necessary from time to time, to provide access to this data to our IT support provider if technical issues arise. I understand that my data will only be used for the specific purpose of sending the communications authorised below and for no other purpose without obtaining my specific consent for that purpose.

Please select if/how you would like to receive communications from us by ticking the boxes below

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of communication** | **Text/WhatsApp** | **Email** | **By Post** |
| Treatment Reminders |  |  | N/A |
| ‘Friends & Family’ referral - discount notification |  |  |  |
| General Information on health |  |  |  |
| Marketing Information |  |  |  |

I have been provided with a copy of the Orchard Chiropractic Centre Ltd Privacy Policy and I understand that none of my personal data will be supplied to any other 3rd party processor without my specific consent. I understand that I am able to withdraw my consent at any time by making a request in writing to the Data Protection Officer at Orchard Chiropractic Ltd.

Signed (Patient/Guardian for under 16’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_