

The Junction Medical Practice

GDPR Patient Consent Form

By completing this form you (the patient) consent to being contacted by the Practice by the methods you choose below. It is assumed that we can contact you by Text, Telephone, Email or Post **unless** you indicate otherwise.

A copy will be securely stored by the practice to record your decision. If you wish to withdraw any consent at any point, please contact the Practice in writing.

Method of communication	Consent to receive communication via:
SMS (text message)	No
Telephone	No
Email	No
Post	No
Social Media including Facebook, Twitter.	Yes/No
Record Sharing/Shared Data with other NHS organisations, so in an emergency a NHS hospital for example can view your stored records.	Yes/No

Your Full Name	
Date of Birth	
Full Address, including postcode	
Home Telephone Number	
Mobile Telephone Number:	
Email address:	

Privacy Protection

Our practice has a strict confidentiality policy. For more information please visit our website or ask a member of staff.

This information is not shared with any third party organisations.

(Patient's preferences updated on clinical system: Yes /No)