

MINT DENTAL HYGIENE

Communication Consent Form

This form is to gain consent under the General Data Protection Regulation (GDPR) for Mint Dental Hygiene to contact you by either telephone, email, letter or text.

| | | | |
|--|--|---------------|--|
| Patient Name | | Date Of Birth | |
| Address | | | |
| Postcode | | Tel | |
| Email | | | |
| The surgery will use all above information supplied should we need to contact you. | | | |

Please **tick the box** if you consent to the practice contacting you via the purpose of appointment reminders.
securely through our dental software provider Dentally)

text message for
(This is sent

Do you wish to give consent to any other person(s) to cancel, change or amend appointments at the practice? If so please write their full names and date of birth below and their relationship to the patient

| | | | |
|--------------|--|---------------|--|
| Name | | Date Of Birth | |
| Relationship | | | |
| Name | | Date Of Birth | |
| | | | |
| Name | | Date Of Birth | |
| Relationship | | | |

Signature: _____ **Date** _____

*Please note, once consent has been gained by Mint Dental Hygiene it is the responsibility of the patient to inform us of any changes regarding consent or change of details e.g mobile telephone number. If Mint Dental Hygiene are not informed of any changes in writing we cannot be held responsible for communication errors occurring. If at any time you would like to opt out of any of the above services, please put your request in writing to the practice. *The information provided is scanned securely onto each individual's dental records. The paper copy is then shredded so not to breach data protection.