



P A T I E N T C O N S E N T

In order to comply with the recent GDPR data regulations it is necessary for this form to be completed to allow us to process your data and communicate with other parties on your behalf.

Full Name:		
Date of Birth:		
Address:		
Verbal Communication		
By Telephone _____ (Please confirm preferred contact numbers)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Messages can be left on Answer machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electronic Communication		
By email: Please confirm email address to be used: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written, Verbal and Email Communication with other Parties Consent to liaise on your behalf in relation to your treatment with: *Please delete as you feel necessary*		
*GP / Consultants / Other Healthcare Professionals / Insurance Company (if applicable) / Other Hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you want someone to act on your behalf on the phone or email when liaising with us please name the person whom you would like to do this:

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You have right to withdraw or amend your consent at any point. Please call the office on 0121 446 1825.

A copy of our Privacy Policy Notice is available on our website on www.birminghamheartrhythmgroup.com

****Please note our email address is not on a secure portal****

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Signed

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Date