# **A close up of a logo Description automatically generatedGDPR registration form for Twickenham Body Health**

As registered practitioners, in order to practise and charge a payment for our services, we have several requirements placed upon is by our registering bodies and insurers.

These include taking personal information from you and storing that information for at least 8 years.

The information we hold is not shared without your permission.

If you ask us to write a letter of referral, we will share your name, DOB, address and any relevant clinical information, that is deemed necessary, with the person you are being referred.

If you have come to see us because of an incident that has involved an insurance claim, we are obliged to share your name, DOB, Address and any information relevant to your claim with the insurance company.

As we will only instigate these referrals at your request, this will imply that we have your permission to share the relevant data with the person / company you have asked us to contact.

We will also use your contact information for the following purposes:

1. To confirm or remind you about an appointment you have with us
2. To inform you of any practice changes (changes to clinic, appointment times, price changes)

If, for any reason, other occasions arise that involve your details (e.g. instigation of a newsletter), we will confirm your acceptance before sending on to you.

Please can you sign this as acknowledgement and acceptance of how your information will be stored and used.

Many thanks,

Kim Weir (Sports Massage Therapist FSMT (Assoc) LCSP (Assoc)

Mandy Hurworth (Nutrition and Massage Therapist  RNutr STA SMA FHT)

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­Preference for contact (please circle preferred choice) Email / Telephone