To assist with your care we at Tullamore Medical Centre need to collect personal data about you. This information will include details of your health and your treatments.

We may also need to record additional information that while may not seem to relate directly to your health it would help in our treatment of you. Examples of this kind of information would include your age, gender, marital status, number of children you have, your nationality, your employment status, religion, prison sentences. Our policy is only to collect and record information about you that helps in your treatment

Declaration.

* I understand my health information will be seen or shared only with medical and administrative staff involved in my care or where Tullamore Medical Centre is required to do so by law.
* I understand that for the purposes of my treatment administrative staff may have to access my health data. Reasons for this access would include the re-issuance of prescriptions, the opening of letters and recording of information from hospitals about me, downloading and saving in my file results from laboratories, typing of letters to hospitals and other similar health related issues.
* I understand that all Tullamore Medical Centre staff sign a confidentiality agreement that binds them not to disclose my details to any unauthorised persons not involved in my care.
* I understand that any health data shared outside of the practice for the purposes of my health treatment will, normally, be limited to information related to a particular treatment and necessary documentation and not my entire file.
* I understand that my health data will be stored primarily on a secure server operated by specialist company Exceedis. I understand that they are only allowed process my health data under Tullamore Medical Centre instructions.
* I understand the law provides that in certain instances personal health information can be disclosed, e.g. in the case of some infectious diseases.
* I understand that Tullamore Medical Centre will only release information to, for instance solicitors or insurance companies, at my express request.
* I understand that I can withdraw consent for processing of my personal health data at any time.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_thereby freely consent for Tullamore Medical Centre to process my personal data, include health information, for the purpose of my on-going health care treatment in accordance with what I understand above.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_nominate and give permission for the following people to collect prescriptions, medical certs, letters, forms, blood results both written and verbal on my behalf including pharmacy collection, Nursing home collection.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: Relationship: Relationship: Relationship: I will inform Tullamore Medical Centre if I wish to withdraw nominee consent at any time

I \_\_\_\_\_\_\_\_consent for the practice to contact me by Mobile phone ❏ SMS text ❏ e-mail ❏ to receive alerts/results of investigations from the practice. No PIII give permission for letters/referrals to be sent by email/fax. Medical Referral letters are mostly sent though Healthmail and hse secure network’s however in the case of solicitors or insurance companies I agree that billing and non medical correspondence may be sent with only my Name and the Company Policy No/Solicitor reference number not including personal identifiable details. Emails are sent via a public network to a personal email address and as such may not be secure. Dependents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Signed Patient or Guardian (up to age 16 years) DATE OF BIRTH** **DATE:**

**PRINT NAME: Address:**

\* Our practices are consistent with the Medical Council guidelines and the privacy principles of the Data Protection Acts. For further details please see our Practice Privacy Statement on view in waiting room, please ask at Reception if you would like a copy of same.