

Hounds Road Dental Practice 8 Hounds Road, Chipping Sodbury Bristol BS37 6EE 01454 313913 info@houndsroaddental.co.uk

www.houndsroaddental.co.uk

# **Data Protection Privacy Consent for Patient**

## Information that we collect

- Personal details such as your name, date of birth, national insurance number, NHS number, address, telephone number and email address
- Information about your dental and general health, including
  - Clinical records made by dentists and other dental professionals involved with your care and treatment
  - X-rays, clinical photographs, digital scans of your mouth and teeth, and study models
  - Medical and dental histories
  - Treatment plans and consent
  - Notes of conversations with you about your care
  - Dates of your appointments
  - Details of any complaints you have made and how these complaints were dealt with
  - Correspondence with other health professionals or institutions

Details of the fees we have charged, the amounts you have paid and some payment details

#### **Access to your Information**

Those at the practice who have access to your information include dentists and other dental professionals involved with your care and treatment, and the reception staff responsible for the management and administration of the practice.

# Keeping your information safe

We store your personal information securely on our practice computer system which is regularly backed up and is fully encrypted. Your information cannot be accessed by those who do not work at the practice; only those working at the practice have access to your information. They understand their legal responsibility to maintain confidentiality and follow practice procedures to ensure this.

We ensure that the practice complies with data protection requirements to ensure that we collect, use, store and dispose of your information responsibly.

We keep your records for 10 years after the date of your last visit to the Practice or until you reach the age of 25 years, whichever is the longer.

#### How we use your information

We will share your information with [the NHS and/ Practice Plan] in connection with your dental treatment. We will seek your preference for how we contact you about your dental care. Our usual methods are telephone, email, text message or letter.

## Use of patient information for research or educational purposes:

If we wish to use your information for dental research or dental education, we will discuss this wit
you and seek your consent. Depending on the purpose and if possible, we will anonymise your
information. If this is not possible we will inform you and discuss your options.
Agree Disagree



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# Direct marketing (more than routine recalls)

We may use your contact details to inform you by your preferred method of contact (Email, Text Message, Letter or Phone call) of products and services available at our Practice.  Agree Disagree
Sharing information
Your information is normally used only by those working at the practice but there may be instances where we need to share it – for example, with:Your doctor
<ul> <li>The hospital or community dental services or other health professionals caring for you</li> <li>NHS payment authorities</li> <li>The Department for Work and Pensions and its agencies, where you are claiming exemption or remission from NHS charges</li> <li>Private dental schemes of which you are a member.</li> <li>We will only disclose your information on a need-to-know basis and will limit any information that we share to the minimum necessary.</li> </ul>
If required by law, we may need to disclose your information to a third party not connected with your health care, including HMRC or other law enforcement or government agencies
Access to your information and other rights
You have a right to access the information that we hold about you and to receive a copy. You should submit your request to the practice in writing or by email. We do not usually charge you for copies of your information; if we pass on a charge, we will explain the reasons.
You can also request us to
• Correct any information that you believe is inaccurate or incomplete. If we have disclosed that information to a third party, we will let them know about the change
<ul> <li>Erase information we hold although you should be aware that, for legal reasons, we may be unable to erase certain information (for example, information about your dental treatment</li> <li>Stop using your information – for example, sending you reminders for appointments or information about our service</li> </ul>
Supply your information electronically to another dentist.
<b>If you do not agree:</b> If you do not wish us to use your personal information as described, you should discuss the matter with your dentist. If you object to the way that we collect and use your information, we may not be able to continue to provide your dental care.
<b>Declaration:</b> I give my consent on the above Data Privacy
Completed by (please tick) Self Parent Guardian
Name: Sign: Date: