**General Data Protection Regulation Notice**

Dear Patient,

We are contacting you to remind you that the General Data Protection Regulations are changing from 25th May 2018 and to inform you of how these changes may affect you

1. We have always been fully compliant with the legal requirements of the Data Protection laws in the UK and we are fully compliant with the new regulations.
2. We will continue to process your information in a lawful and transparent manner. This means we will only gather information from you that we need and it will always be available to you free of charge; this information will always be securely stored; this information will always be up to date and we will ask you on a regular basis to update us; we only keep this information for the length of time required by the General Chiropractic Council (8 years) after which your data will be securely deleted and destroyed. [In the case of children, we have to keep their files for a period of 8 years after their 18th birthday]. We will never share your information without your consent.
3. If you require access to the records we hold about you from 25th May 2018, all you need to do is write to the Clinic with your request or email your request to *email address* and ensure that your request is signed and dated. We also need to verify your identity but will phone you to confirm the request prior to release of any personal information.
4. Copies of our full Data Protection Policy are available on request and are also on our website *website link*
5. Please note that we will not use your email or contact details for marketing purposes.
6. We would like you to confirm whether you are happy for us to leave a message reminder about appointments with a family member (home phone), at work, or on your mobile:
   1. I am happy for you to contact me *(please tick all that apply)*

By home phone

By text or mobile message

By email

I do not wish to be contacted about appointments

* 1. I would like you to keep in touch with special offers & events *(please tick all that apply)*

By home phone

By text or mobile message

By email

I do not wish to be contacted about special offers & events

Date\_\_\_\_\_\_\_\_\_ Name Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Kind regards*

*Dr Name, Doctor of Chiropractic*

*Clinic Name*