**Privacy Policy**

As a patient of the *Practice Name* we will need to hold personal information about you (name, address, medical history, GP, etc). These are normally stored as paper records. If X-rays are taken these together with their reports are held digitally. This data is held solely for the purpose of providing safe and effective care. Your data is not used for marketing or any other purpose. The Clinic Directors are the data controllers and are responsible for their accuracy and safe-keeping. Please help to keep your records up to date by informing the clinic of any change of circumstances.

All information about you is held securely and appropriate safeguards are in place to prevent accidental loss, or access without consent and no records are kept longer than necessary. Clinic staff will have access to you records to enable them to do their jobs. From time to time information may be shared with others involved in your care, if it is necessary. Anyone with access to your records is properly trained in confidentiality issues.

In almost all circumstances you will be required to give written consent before information is released – such as the reports for insurance, solicitors, GP letters etc. In exceptionally rare circumstances we may be required by law to release your records, for example if a court order is presented, or there is an imminent risk to the life of yourself or others.

To ensure your privacy, we will not disclose information over the telephone, fax, or email unless we are sure that we are communicating directly with you. Information will not be disclosed to family and friends unless we have prior written consent and we do not leave messages involving personal data with others.

You have a right to access your all your records held at the clinic, and there is usually no fee payable. If paper or digital copies of your health records are required, the charge for providing copies will not exceed £50, (but is usually significantly less). All requests for personal data must be made in writing by the patient or legal guardian to:

The Data Controller

*Practice Name*

*Practice Address*

Scanned requests can be emailed to *email address*. All requests must be signed and dated, and we may phone you to confirm the request prior to release of any personal information.

Copies of our full data protection policy are available on request.

 *May 2018*