



121 Burnt Ash Road

Lee

London

SE12 8RA

TEL: 0203 198 2026 MOB: 07483 323158

EMAIL: [info@leedentalpractice.co.uk](mailto:info@leedentalpractice.co.uk)

## Communication Consent Template

We process personal data for the purpose of providing optimum healthcare, sending important updates to you, providing you with news about treatments and what is happening at the practice as well as informing you about our services and promotions.

You can withdraw your consent at any time by informing us of your intention to do so.

### Patient Details:-

Prefix:      First Name:                      Last Name:                      D.O.B:

Telephone Number:    E-mail:

### How you are contacted:-

The practice may contact me via the following

E-mail:                      Phone:                      Text:

### Updates and Announcements:-

I would like to receive important practice announcements and updates in the practice newsletter

Yes:                      No:

### Services and Promotions:-

I would like to receive details of practice services and promotions

Yes:                      No:

### Survey and Feedback Requests:-

I would like to receive practice survey and feedback requests

Yes:                      No:

### Other:-

I would like to receive any other correspondence not mentioned above

Yes:                      No:

Your personal information will never be passed to third parties unless we are making a professional referral for you. If we have your consent for referral to another healthcare provider, we will send them just the information they need to provide the necessary assessment, tests or treatments.

For further details about how we process your personal information please contact us at the practice and request a copy of the document.