



**In accordance with the General Data Protection Regulation (GDPR).**

**We need consent to contact you via the following methods**

**We require you to consent to contact in some form to receive appointment reminders, recalls and practice promotions/newsletters**

- I consent to receiving text messages from The Staffordshire Clinic.  
 I **do not** consent to receiving text messages from The Staffordshire Clinic.

- I consent to receiving telephone calls from The Staffordshire Clinic.  
 I **do not** consent to receiving telephone calls from The Staffordshire Clinic.

- I consent to receiving emails from The Staffordshire Clinic.  
 I **do not** consent to receiving emails from The Staffordshire Clinic.

- I consent to receiving post from The Staffordshire Clinic.  
 I **do not** consent to receiving post from The Staffordshire Clinic.

The Staffordshire Clinic can leave messages about my appointments:

- On my home answer machine  
 On my mobile voice mail  
 With a family member named below.  
 Other (please detail) .....  
 Please **do not** leave messages about my appointments

Name of family member	Relationship	Contact Number

- I would like to receive information from The Staffordshire Clinic regarding promotions and newsletters etc  
 I **do not** want to receive information from the Staffordshire Clinic regarding promotions and newsletters etc

Name	Signature	Date