DOLAN'S PODIATRY

Patient Data Protection, Privacy & Consent Form

Practitioner: Michelle Dolan
HCPC Registered Chiropodist/Podiatrist – CH34864
Practice: Dolan's Podiatry

Your information

As a registered healthcare professional, I need to collect and keep information about you in order to assess your foot health, provide safe and appropriate treatment, communicate with you about your appointments and maintain accurate clinical records.

Your privacy is important to me. I will only collect and use information that is necessary for your care, the management of my practice, or where I have a legal or professional obligation to do so.

Your information will be handled in accordance with the **UK General Data Protection Regulation (UK GDPR)** and the **Data Protection Act 2018**, together with relevant professional requirements.

What information may be collected?

Depending on your care, this may include:

- your name and contact details;
- date of birth;
- address;
- relevant medical history;
- medication information;
- allergies and sensitivities;
- information about your feet, skin, nails and general health;
- treatment and clinical notes;
- photographs where clinically necessary and appropriately consented to;
- information provided by you or, where appropriate, another healthcare professional or carer;
- appointment and payment records;
- correspondence relating to your care.

I will only collect information that is relevant and necessary.

How your information may be used

Your information may be used to:

- assess and treat you safely;
- maintain your clinical records;
- arrange and manage appointments;
- contact you about appointments or treatment;
- provide treatment recommendations and aftercare information;
- communicate with another healthcare professional involved in your care where appropriate;
- respond to safeguarding concerns;
- meet legal, regulatory, professional or insurance requirements;
- maintain appropriate financial and business records;
- deal with complaints or incidents;
- protect the health and safety of patients and others.

Who may receive your information?

Your information will normally only be shared where there is a legitimate reason to do so.

This may include:

- your GP or another healthcare professional involved in your care;
- NHS or other healthcare services where appropriate;
- safeguarding services;
- emergency services or the police where necessary;
- professional or regulatory bodies where legally or professionally required;
- organisations providing essential services to my practice, such as appointment or record-management systems, where appropriate data-processing arrangements are in place.

I will not sell your personal information or use your clinical information for unrelated marketing purposes.

Confidentiality

Your clinical information is confidential.

However, confidentiality is not absolute. Information may need to be shared without your permission where this is required or permitted by law, or where it is necessary to protect you or another person from serious harm.

This may include safeguarding concerns involving a child or adult at risk.

Where appropriate and safe to do so, I will explain to you why information needs to be shared.

Photographs and clinical images

Photographs may sometimes be useful as part of your clinical assessment, treatment planning or monitoring.

Where photographs are taken specifically for your clinical record, they will be treated as part of your confidential health record.

I will not use photographs of you or your feet for advertising, social media, teaching, publication or other non-clinical purposes without obtaining separate, specific permission.

You can refuse permission for non-clinical use without this affecting your treatment.

Appointment reminders and communications

I may contact you using the contact details you provide to:

- confirm or remind you about appointments;
- rearrange or cancel appointments;
- provide treatment or aftercare information;
- respond to enquiries;
- communicate with you about your ongoing care.

Please tell me if you prefer a particular method of communication.

I will take reasonable steps to protect your privacy when communicating electronically.

Your rights

Under UK data protection law, you have rights in relation to your personal information.

Depending on the circumstances, these may include the right to:

- ask what personal information I hold about you;
- request a copy of your information;
- ask for inaccurate information to be corrected;
- request restriction of processing in certain circumstances;
- object to certain types of processing;
- request deletion of information where there is no longer a lawful reason for me to retain it.

Some rights are subject to legal and professional requirements. For example, I may be required to retain clinical records for an appropriate period and therefore cannot always delete information simply because a patient asks me to.

How long will information be kept?

Clinical records will be retained for the period required by applicable law, professional guidance, insurance requirements and good clinical practice.

When information is no longer required, it will be securely deleted or destroyed.

Data security

Reasonable technical and organisational measures will be used to protect your information from:

- unauthorised access;
- loss;
- accidental disclosure;
- inappropriate use;
- alteration or destruction.

Paper records will be stored securely.

Electronic records will be stored using appropriate password-protected systems and devices.

Your consent to assessment and treatment

I understand that my podiatrist has explained the proposed assessment and treatment to me, including any relevant risks or alternatives that apply to my circumstances.

I have had the opportunity to ask questions and understand that I can ask questions at any time.

I understand that I can withdraw my consent to treatment at any time.

I consent to assessment and treatment by Michelle Dolan, HCPC Registered Chiropodist/Podiatrist.

☐ Yes

☐ No

Communication and information sharing

I understand that my information may be used and shared as described in this form where there is a lawful basis to do so, including for my healthcare, legal/professional obligations and safeguarding.

I understand and accept the practice's privacy arrangements.

☐ Yes

☐ No

Optional clinical photography

I understand that photographs may be taken where clinically useful for my assessment, treatment or clinical records.

I consent to photographs being taken for my clinical record where my podiatrist considers them appropriate.

☐ Yes

☐ No

Optional use of photographs for education or promotion

This is separate from your clinical care.

I understand that photographs may sometimes be useful for professional education, training or practice promotion.

I understand that I can refuse this permission and that doing so will **not affect my treatment**.

I consent to appropriately anonymised photographs being used for professional education or practice promotion.

☐ Yes

☐ No

Patient declaration

I confirm that I have read and understood this form and have had the opportunity to ask questions.

I understand that I can withdraw any consent I have given where consent is the lawful basis for that particular use of my information.

Patient name: _____

Date of birth: _____

Signature: _____

Date: _____

If completing this form on behalf of a patient

Name of person completing form: _____

Relationship / authority: _____

Signature: _____

Date: _____

Practice use

Date received: _____

Clinician: Michelle Dolan

Notes / amendments to communication preferences: