

Gorse Hill
Ralahan
Shercock
Co. Cavan
A81H020
Mob: 086 1925648

Niamh O'Brien
Chartered Physiotherapist
B.Physio; MSc; MISCP

General Data Protection Regulation (GDPR) Privacy Statement and Consent

Your personal data

We are happy to explain the need for any information we ask for if you are not sure why it is needed.

The data about you which we collect and store	Why we collect it
Your identity - name, date of birth	To identify you and enable us to access your record in our filing system
Contact details- address, email, phone number(s)	To communicate with you about your care and appointment reminders
Medical history and medication	So we can provide appropriate care without compromising your health
Your occupation/leisure interests	This may be relevant to the type of treatment and advice we provide
Your clinical notes- a record of all assessment and treatment provided at each visit	Physiotherapists must record detailed clinical notes and have a legal obligation to store clinical data for 7 years after
Payments made by you	So that we can keep accurate financial records for accountancy and tax purposes

- **Sharing your data;** Sometimes we may agree to communicate with other healthcare professionals (for example your G.P) or outside bodies (for example the HSE) to further your care and we only do this with your verbal consent at the time.
- **Keeping your data secure;** We use a paper based system for the above data and this is kept securely locked on the premises. Password and virus protected computer system is used for emailing letters and receipts.
- **Appointment Reminders:** I am happy to receive these by text. **Yes / No (please circle)**
- **Email:** I am happy to receive email communication when necessary for my physiotherapy care **Yes/ No (please circle)**
- **Your consent;** I agree to Niamh O'Brien Physiotherapy using my personal data in the ways outlined above. I understand that I may withdraw this consent at any time.

(If under 16, or unable to understand above information also Parent/Guardian)

Name:_____ **Signature:**_____ **Date:** _____

• • •