**GDPR (General Data Protection Regulations) and Consent Form**

LL Physiotherapy keeps healthcare records safe, private and confidential and complies with the General Data Protection Regulations. We hold your healthcare record so that we can provide you with safe care and treatment.

We will also use your information so that this practice can check and review the quality of the care we provide. This helps us to improve our services to you.

* We will share relevant information from your healthcare record with other health or social care staff or organisations when they provide you with care. For example, your Physiotherapist will share information when they refer you to a specialist either directly or via or GP. Appropriate information will also be shared with your allocated medical insurance company

**Safeguarding**

* Sometimes we need to share information so that other people, including healthcare staff, children or others with safeguarding needs, are protected from risk of harm. These circumstances are rare.
* We do not need your consent or agreement to do this.

We are required by law to provide you with the following information about how we handle your information and our legal obligations to share data.

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| --- | --- |
| **Data Controller** contact details | LL Physiotherapy, Leanne Lovejoy, YouCan Fitness, Enterprise House, Cheney Manor Industrial Estate, Swindon, SN2 2YZ  Melissa Packer, Enterprise House, Cheney Manor Industrial Estate, Swindon, SN2 2YZ |
| **Purpose** of the processing | * To give direct health care to individual patients * Compliance with legal obligations for healthcare record documentation * To check and review the quality of care (As part of audit and clinical governance) |
| **Lawful basis** for processing | The following sections of the GDPR mean that we can share information when the law tells us to.  Article 6(1)(c) – ‘processing is necessary for compliance with a legal obligation to which the controller is subject…’  Article 9(2)(h) – ‘processing is necessary for the purpose of preventative…medicine…the provision of health or social care or treatment or the management of health or social care systems and services...’ |
| **Recipient or categories of recipients** of the processed data | * The data will be shared with local safeguarding organisations if the need arises * The data will be shared with the court if ordered * The data will be shared with relevant healthcare organisations if further referral is required |
| **Rights to object** | * You have the rights to object to information being shared between those who are providing you with direct care * You are not able to object when information if legitimately shared for safeguarding reasons or if legally requested * You have the right to withdraw consent at any time |
| **Right to access and correct** | * You have the right to access your healthcare records and have any errors or mistakes corrected. In order to access your healthcare records please complete a “Subject Access Request” by emailing or writing to the Data Controller. Requests will be actioned within the 28 day time frame. |
| **Retention period** | Healthcare records will be kept in line with the law and national guidance:   * Records for patients aged 18 and over will be kept for 8 years from the conclusion of their treatment or death * Children and Young People – Notes will be retained until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death. |
| **Right to complain** | You have the right to complain to the Information Commissioner’s Office. If you wish to complain follow this link <https://ico.org.uk/global/contact-us/> or call the helpline **0303 123 1113** |

**Consent**

**I give consent to LL Physiotherapy storing my data in accordance with their GDPR Policy and I am aware I can withdraw consent at any time.**

**Printed………………………………………………………………………………………………….**

**Signed……………………………………………………………………………..Date……………...**

**I give consent to LL Physiotherapy to undertake a full Physiotherapy assessment and subsequent treatment. I am aware of the cancellation policy and that I can decline treatment at any time.**

**Printed………………………………………………………………………………………………….**

**Signed……………………………………………………………………………..Date……………...**