



PATIENT DETAILS, TREATMENT CONSENT & GDPR EXPLICIT CONSENT - DATA PROTECTION AGREEMENT

The Data Protection (Bailiwick of Guernsey) Law, 2017. Guernsey's equivalent to the GDPR, 2018.

Patient details:

Title: Surname: Forenames:
DOB: Occupation:
Address:
Postcode:
Home Tel: Work Tel: Mobile:
Email:
Doctors Surgery:
Doctors Name:
Insurance Provider:
Insurance Policy Number:
Pre-approval claims number:
How did you hear about us?

Who we are

AquaHealth CI, offers aquatic fitness, swim/surf coaching, aquatic therapy and reiki therapy for fitness and wellbeing, all of which are carried out in accordance with each professions' respective treatment charters and regulations. For future **booking reminders** and administration, our preferred communication route/s is:

Text

Email

For receiving invoices, my preferred communication route is - **Email**

Post

Explicit Consent

I explicitly consent to you creating and storing medical records concerning the treatment of:

(Your name or child's name),

which may include details regarding medication, treatment and other issues affecting my/your child's health conditions in accordance with **The Data Protection (Bailiwick of Guernsey) Law, 2017**. I understand that these records will be retained for a minimum of eight years, (or until the patient reaches 25 in the case of someone aged 16 - 18), but electronic records will be kept indefinitely as permitted for the legal management of medical records. I understand that these records will be processed in accordance with your **2018 Privacy Notice**, a copy of which I have seen.

If acting as a legal guardian, please state your name and authority:

I have read and understood the above information and give my explicit consent.

Signed:

Date:

Patient Information and Consent Form:

- You will be seen by a qualified Practitioner.
- You may bring a chaperone of your choice to your treatment if you choose to have one.
- Please do not hesitate to ask the Practitioner to stop treatment and to explain anything they say or do at any time during your appointment.
- Your Practitioner requires details regarding your health, past and present and you will be asked questions about your present complaint, medical history, general health and medication you may be taking.
- It is understood that your Practitioner sees the area that is causing the problem and any other areas, which may be related to your condition; therefore you may be asked to undress down to your underwear.
- You may be asked to perform simple movements to help your Practitioner understand and assess your condition and further examinations may include taking your blood pressure and testing reflexes, joint mobility and muscle strength.
- After treatment, advice will be given to support the treatment.
- Some patients improve quickly after treatment however it may take several sessions before your condition is relieved.
- All forms of treatment carry a risk. You may feel uncomfortable and tired for the first 24 hours or so after treatment. Please feel free to call and talk to your Practitioner if required.
- It may be helpful during the course of treatment for your Practitioner to either inform your GP about areas of your health and treatment or for your Practitioner to obtain details of your medical history.
- You are entitled to withhold or withdraw your consent to an examination or treatment at any time, even after signing this form.

Name:

I confirm that I have read and understood all the above and consent to being treated in the manner described above.

I consent for my GP to be contacted

I do not consent for my GP to be contacted

I consent for the Practitioner to obtain details of my medical history which are relevant to my treatment, including letters and test results.

I do not consent for the Practitioner to obtain details of my medical history which are relevant to my treatment, including letters and test results.

I confirm I am responsible for the payment of my fees.

It is our practice policy to request that patients inform us they wish to cancel or are unable to attend an appointment 24 hours prior to their appointment. Failure to do so will incur a charge of 50% on the first instance and then a full fee on any following occasions.

Signed:

Date: