

Data Protection Policy

Under GDPR, we are required to advise our patient(s) on our Data Protection Policy.

The Thames Clinic is fully compliant with all the regulations and legal requirements of the Data Protection laws in the UK. We process your information in a lawful and transparent manner. This means we will only gather information from you that we need and it will always be available to you; this information will always be securely stored; this information will always be up to date and we will ask you on a regular basis to update us. We will keep this information indefinitely unless you request, in writing, to delete and destroy this information 8 years after the date of your last visit; this is the length of time required to hold your records (personal details, medical notes and electronic images) by the General Chiropractic Council (in the case of children, we have to keep their files for a period of 8 years after their 18th birthday). We will never share your information without your consent. You can withdraw your consent at any time.

If you require access to the records we hold about you, all you need to do is write to the Clinic with your request or email your request to info@thethamesclinic.com and ensure that your request is signed and dated. We also need to verify your identity but will phone you to confirm the request prior to release of any personal information.

Copies of our full Data Protection Policy are available on request in the clinic and on our website: www.thethamesclinic.com

I, _____ give consent to the use and disclosure of my personal health records by The Thames Clinic to other primary health care providers, if required.

Please confirm that you are happy for us to send you an appointment confirmation via email at the time of booking and an SMS text 2 hours before your appointment time. Please Tick:

- Yes, I would like an email & text reminder
- No, I do not need an email or text reminder

Please note that we will not email or contact you for marketing purposes without your specific consent. Please Tick:

- Yes, I would like you to keep in touch with promotions, clinic updates & special events
- No, I do not wish to be contacted about promotions, clinic updates & special events

I, the undersigned (or undersigned Guardian), acknowledge that I have read and understood the information above and do hereby give my consent

Signature: _____ Date: _____