

**Patient Participation Group - Consent**

We need to gain your explicit consent about what we can do with your personal data. Please read the statements below and tick the boxes as appropriate.

* I consent to my name, address, telephone number and email address being kept on the Orchard Medical Practice database for administrative purposes (e.g. contacting, sending agenda’s, minutes of meetings, promotional material, invites to events). If you leave the PPG Group, we will delete your details. I understand if I tick this box I can still unsubscribe at any time.
* I consent to photos or videos of me to promote the PPG or if the group should receive awards being used on the practice website, on posters or promotional around the practice as well as leaflets used around the community. I understand if I leave the PPG group I can ask for this to be removed at any time.
* I consent to photos or videos of me to promote the PPG or practice or receive awards to be used on social media groups such as Facebook. I understand if I leave the PPG Group I can ask for this to be removed.

 My preferred method of communication for the PPG group is:

By phone – please give number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By email – Please provide email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Both the above are fine to contact me on

**Privacy Policy**

We will only use any information that you provide consistent with the principles of the Data Protection Act (and GDPR after May 2018). Where we ask for personal information (your contact details) this is to ensure we provide you with information that we believe is important to your practice’s membership of the PPG Group. At no time will your personal information be shared with third parties unless you have given us permission to do so. Other information collected is to help us to continually improve our service to you.

* I have read, understood, and accepted the PRIVACY POLICY.

Signed: …………………………………………………………………………….

Print Name: ………………………………………………………………………