

Form of consent

This form must be completed by patients of Albert Road Osteopaths, 59 Albert Road, Tamworth. B79 7JN to request an electronic copy of the patient records held by Jane Easty, Osteopath.

Patient name..... DOB.....

Address.....

Phone number: Email address:

Please tick the relevant box(es) and sign below.

I hereby give consent for my osteopathic treatment notes to be copied electronically to my new osteopath;

Osteopath's name..... Email address.....

Address..... Phone number.....

I hereby request an electronic copy of my osteopathic treatment notes. Email address

Signed Date.....

IMPORTANT NOTE – updated 24/05/2018

To protect your personal and sensitive data and to comply with GDPR law, the professional guidelines of the General Osteopathic Council and the Institute of Osteopathy 2 forms of identification must accompany this request. Suitable forms are: a good photocopy of any personal photo ID such as a passport, driving licence or employment ID card. Verification of your address is also required by sending a copy of a recent bill, letter, or similar.

Please send the completed form and identity confirmation by post to Jane Easty, Belle Vue Osteopath, 2 Luciefelde Road, Shrewsbury, SY3 7LB.

All osteopaths are registered with the General Osteopathic Council in accordance with The Osteopaths Act, 1993