

**DATA PROTECTION AGREEMENT**

**Consent**

Print Client Name: .....DOB.....Date.....

I explicitly consent to you creating and storing records concerning my assessment. In accordance with the General Data Protection Regulation (GDPR), Data Protection Act, 1998 and Data Protection (Amendment) Act 2003. I understand that these records will be retained for a minimum of eight years, (or until I reach a minimum of 25 in the case of someone aged under 18), when treatment is ceased.

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

**Signed:..... Date:.....**

**For future appointments and administration, I consent to the following communication route/s:**

- Telephone
- Email (if yes, please provide an email address)\_\_\_\_\_
- Post

**Signed:..... Date:.....**

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