

Privacy notice to patients

We will keep your records safely

This practice complies with the Data Protection Act (1998) and General Data Protection Regulation (GDPR) 2018. This means that we will ensure that your information is processed fairly and lawfully.

What personal information do we need to hold?

- Your past and current medical and dental condition; personal details such as your age, address, telephone number and your general medical practitioner
- We may need to request details of your NHS number and entitlement to healthcare treatment
- We may also need to request details of your exemption status
- Radiographs, clinical photographs and study models
- Information about the treatment that we have provided or propose and its cost
- Notes of conversations or incidents that might occur for which a record needs to be kept
- Records of consent to treatment
- Any correspondence relating to you with other health care professionals, for example in the hospital or community services.

Why do we hold this information?

We need to keep accurate personal data about patients in order to provide you with safe and appropriate dental care. We also need to process personal data about you if we are providing care under NHS arrangements and to ensure the proper management and administration of the NHS.

Retaining information

We are required to retain your dental records, X- rays and study models while you are a patient of this practice and after you cease to be a patient, for at least eleven years or until age 25, whichever is the longer.

Security

Your information is held in the practice's computer system and in a secure manual filing system which is backed up on a secure offsite server. The information is only accessible to authorised personnel. Personal information will not be removed from this practice without the patients authorised consent.

Your personal information is carefully protected by the staff at this practice. All access to information is held securely and can only be accessed by regularly changed passwords. Data is encrypted and computer terminals are closed if unattended.

We may need to disclose your information

In order to provide proper and safe dental care to:

- Your general medical practitioner
- The hospital or community dental services
- Other health professionals caring for you
- NHS payment authorities
- The Inland Revenue
- The Benefits Agency, where you are claiming exemption or remission from NHS charges
- Private dental schemes of which you are a member.



Disclosure will take place on a 'need-to-know' basis, so that only those individuals/organisations who need to know in order to provide care to you and for the proper administration of Government (whose personnel are covered by strict confidentiality rules) will be given the information. Only information that the recipient needs to know will be disclosed.

In very limited circumstances or when required by law or a court order, personal data may have to be disclosed to a third party not connected with your health care. In all other situations, disclosure that is not covered by this Code of Practice will only occur when we have your specific consent. Where possible you will be informed of these requests for disclosure.

Appendix 2.

PATIENT PREFERRED CONTACT METHOD

I confirm that my contact details are correct and I would prefer to be contacted by this Dental Practice by the following method (please insert preferred method and details)

Home or mobile telephone numbe Email address: Text/SMS message: Letter Post: Address:	r:	
I consent to receive email and TXT message reminders for my appointment		
If I am unable to speak/receive a m Leave a message on this telephone	<u> </u>	nce I authorise the Practice to
OR		
Communicate with my Husband/Wife/Parent/Partner/Care		
Give Name: Signed	Relationsh Date	lip:
A) I do not permit the practice m than my care and treatment.		ersonal data for any purpose other
NAME:	SIGNED:	Date: