

Data Usage & Retention Statement

Date:

I have read, understood and accept the Linton Therapy Clinic/Wicklow Lymph Clinic Data Protection Procedures.

I have read, understood and accept the Linton Therapy Clinic/Wicklow Lymph Clinic Privacy Policy.

I understand that if the Linton Therapy Clinic/Wicklow Lymph Clinic Data Protection Procedures and/or the Linton Therapy Clinic/Wicklow Lymph Clinic Privacy Policy changes, the clinic will seek consent from me regarding these changes.

I give permission for my data (name, address, date of birth, phone number, email address, doctor's details, next of kin, medical history, treatment notes, relationship data and monies payed) to be obtained, processed, used and stored by Linton Therapy Clinic and Wicklow Lymph Clinic.

I understand that the data controller is Lisa Linton (Managing Therapist).

I understand and am fully aware of what my data is used for by Linton Therapy Clinic/Wicklow Lymph Clinic.

I give permission to receive texts, phone calls and/or mail from Linton Therapy Clinic/Wicklow Lymph Clinic regarding appointment booking/scheduling, marketing/advertising (e.g. special offers, voucher offers, new treatments) and receipts.

I understand that I can opt-out from receiving texts, phone calls and/or mail from Linton Therapy Clinic/Wicklow Lymph Clinic at any time by texting 'Opt-out', ringing to opt-out, or by telling staff (in-person) of Linton Therapy Clinic/Wicklow Lymph Clinic that I wish to opt-out.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be stored on Business Laptop, Business Mobile, Business DropBox System, Business External Harddrive, Business USB Stick, Business Diary Book, and in Client's File.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be retained by Linton Therapy Clinic/Wicklow Lymph Clinic for a minimum of 5 years and a maximum of 7 years after date of last appointment.

I give permission for certain data provided between 5 and 7 years since date of last appointment to be retained by Linton Therapy Clinic/Wicklow Lymph Clinic at the full discretion of Lisa Linton.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be amended by Linton Therapy Clinic/Wicklow Lymph Clinic if informed by said client to amend said data.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be shared with 3rd parties. **Please Note:** As stated in the Data Protection Procedures and Privacy Policy, this will never be done unless explicit permission is requested by the client to share their data (Example: treatment receipts for VHI), **or** in response to a request for information if we are required by, or believe disclosure is required by, any applicable law, regulation or legal process, including in connection with lawful requests by law enforcement, national security, or other public authorities (example: An Garda Síochána).

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph to be transferred to another therapist, solicitor, and/or medical professional if informed by said client to do so **and** if said client signs consent to transfer, which states the date, name and address of the recipient and acknowledgement of permission to send.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be destroyed after a minimum of 5 years after date of last appointment.

I give permission for the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be destroyed after 7 years since date of last appointment.

I give permission for data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic to be destroyed if requested by me to do so.

I understand and accept that if I choose to have the data I provide to Linton Therapy Clinic/Wicklow Lymph Clinic destroyed, Linton Therapy Clinic/Wicklow Lymph Clinic may refuse to treat me as the clinic requires this data to treat clients safely and effectively.

I have read, understood and accept the Linton Therapy Clinic/Wicklow Lymph Clinic data breach protocols, guidelines and policies stated in the Data Protection Procedures and Privacy Policy.

I accept that I need to give at least 48 hours notice if cancelling an appointment to avoid the full late cancellation fee

Name (Block Capitals):

Signature: