

Patient Consent Template

Patient's Name	Address
Email address:	
<p>Patient's Consent</p> <p>I agree <insert healthcare service/HCP's name> may communicate with me using the email address provided above. This includes sending information via third party systems including NDR Prescribe.</p> <p>I understand that NDR-UK and its service NDR Prescribe:</p> <ul style="list-style-type: none">- Is used to send personalised diet and lifestyle information and resources to my email address provided.- NDR Prescribe has been developed with data protection and privacy regulations in mind.- NDR-UK and its website contractors (MTC) do not, at any point, have access to patients' personal information.- NDR-UK does not store patients' email address and cannot access or amend the information input by the health professional any way.- Will automatically delete any information used to provide personalised resources after one year.	
<p>Person Obtaining Consent</p> <p>Signed:</p> <p>Print Name and Designation:</p> <p>Date:</p>	