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# ABBHEY MEDICAL CENTRE

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## Consent to Data Processing

The information collected on my patient registration form will be held by **Abbey Medical Centre** in manual and in electronic format.

The purpose of holding this information is the provision of appropriate healthcare, treatment and services to me as a patient and to ensure my continuity of care and patient safety. I understand that **Abbey Medical Centre** may also collect information when required to by law.

The information will be processed in accordance with Data Protection legislation. Disclosure of this information will only take place with my express consent or in accordance with legislation or regulatory requirements.

Parents/Guardians of patients and patients aged 18 or over have a right to access the personal data held on them by **Abbey Medical Centre** and to correct it if necessary.

I am aware that I am entitled to:

- Withdraw consent to the processing of my personal information
- Request to access the information **Abbey Medical Centre** holds about me
- Request the correction of inaccuracies in / erasure of the information **Abbey Medical Centre** holds about me
- Request the restriction of processing of the information **Abbey Medical Centre** holds about me
- Exercise my entitlement to data portability
- Make a complaint to the Office of the Data Protection Commissioner of Ireland

I consent to the use of the information supplied as described above and in the Data Protection Patient Information Leaflet which I have received.

Signed: \_\_\_\_\_(signature)

\_\_\_\_\_ (print name)

Date: \_\_\_\_\_