

**Mr Peter Willson**  
**And**  
**Keyhole Clinics Ltd**

**CONSENT TO COLLECT AND PROCESS PERSONAL DATA  
FORM**

**Adopted: 19.05.2018**  
**Reviewed: 23.12.2020**

**Next Review: 2022**

## Consent to Collect and Process Personal Data

Name	
Address	
Mobile Telephone Number	
Email	

By filling in this form, you are consenting to Mr Willson holding your personal and clinical information.

I am collecting this information to fulfil my purposes as a medical practitioner, medical educator, process financial information and to comply with the law.

You have the right to request access to your personal data that we hold. For more information about this and other individual rights regarding personal data please see my Privacy Notice at [www.keyholeclinics.com](http://www.keyholeclinics.com).

I would like to send you information or contact you about your clinical progress. This is usually by post or email. Other information may need to be passed to you by phone or more rarely by text. Please indicate your agreement to this by ticking the relevant boxes.

- Post *(Please select this option to receive copies of letters sent to your GP)*
- Email *(Encrypted)*
- Phone
- Text

If you wish to stop receiving communications from Mr Willson at any time, please contact him using the information above.

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### **Surgical Training**

Mr Willson is a medical teacher and trainer. He occasionally uses anonymised clinical information including radiographic images, medical photographs and video to train medical and other clinical staff. None of this material will identify you personally.

Please indicate if you would be will willing to have your anonymised medical details used for teaching and training by ticking this box;

I consent to the use of my anonymised medical information for teaching and training.

### **Medical Fees**

Mr Willson will adhere to Insurance Company agreed fees for your consultations and surgery. We will bill your insurance company directly or you if requested. Any Policy Excess is your responsibility and will be billed directly to you.

If you are not insured Initial Consultation Fees are £200 (30 minutes) and Follow Up Consultation Fees are £135 (15 minutes).

Consultations that are not attended or cancelled within 24 hours will incur a £50 charge.

Additional investigations and treatment will incur additional fees that will be billed by the hospital or healthcare provider.

I have read and understand the contents of this form.

Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_