**Consent Form for Handling Personal Data**

**Twins Eye Care**

**Address:** 18 The Drive, Peterborough PE36AJ

**Phone:** 07428065445

**Email:** Twinseyecare@gmail.com

### **Purpose of Data Collection**

We collect your personal data to:

* Provide medical treatment and care.
* Maintain health records.
* Communicate about appointments.
* Comply with legal obligations.

### **Types of Personal Data Collected**

* Name
* Date of Birth
* Address
* Contact Information
* Health Information

### **Legal Basis for Processing**

Your personal data will be processed based on:

* **Consent**: You give explicit consent for us to process your data.
* **Contract**: Necessary for performance of a contract with you.

### **Your Rights**

You have the right to:

* Access your personal data.
* Rectify or erase your data.
* Restrict processing.
* Data portability.
* Object to processing.

### **Withdrawal of Consent**

You can withdraw consent at any time by contacting us at [Insert Contact Email]. Withdrawal does not affect prior processing legality.

### **Data Sharing**

Your personal data may be shared with:

* Healthcare professionals.
* Third-party service providers.
* Regulatory bodies as required.

### **Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have read and understood the information provided in this consent form. I give my explicit consent for Twins Eye Care to collect, process, and store my personal data as outlined.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_