

# Elsenham Surgery:

Patient Consent Form For Sharing Personal Data:

Name	
Address	
Date of Birth	
Email	
Mobile	
<p>I give my consent for Elsenham Surgery to:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Share my email address with other members of the PPG</li><li><input type="checkbox"/> Share my mobile number with other members of the PPG</li><li><input type="checkbox"/> Publish my photo on the Elsenham Surgery Website and in Newsletters</li><li><input type="checkbox"/> Publish my name in Meeting Minutes which will be published on the Elsenham Surgery Website</li><li><input type="checkbox"/> Publish my name in Newsletters</li><li><input type="checkbox"/> Publish my name in Local Magazine articles for example Elsenham News, Henham Dragon and The Parish Pump - amongst others</li><li><input type="checkbox"/> Publish my name on the Elsenham Surgery Website, including the PPG pages</li><li><input type="checkbox"/> Publish my name on the Elsenham Surgery Notice board.</li> <li><input type="checkbox"/> I DO NOT GIVE MY CONSENT TO ANY OF THE ABOVE.</li></ul>	

Signed

Date