



## Consent Authorisation Form – Child and Person Lacking Capacity

Name of Patient Address of Patient:

Name of Parent/Guardian/Carer:

### Onyx London Clinic - Data Protection Consent Form

#### Your information:

Capacity in which you are signing this form on behalf of the Patient (please tick as appropriate):

1. Deputy - if you have been appointed by the Court of Protection as Deputy for the Patient, please attached a copy of the Order of the Court of Protection
2. Attorney - if you are appointed as an Attorney under an Enduring Power of Attorney or a registered Lasting Power of Attorney, please attached a copy of the document
3. Other - please explain the basis on which you are entitled to act on behalf of the Patient below e.g parent/foster care

#### Background

Onyx London Clinic uses Patients' personal data for a number of different reasons. Personal data is any information that identifies the Patient or, in some cases, information that is about the Patient such as an opinion.

It includes the Patient's name, email address, postal address, job role, photographs, CCTV and more sensitive types of information such as medical and health records, care plans, information about the Patient's religious beliefs, origin and race, sexual orientation and political views.

We comply with the law in place in the UK around data protection when we use the Patient's personal data, which is known as "GDPR" (short for the General Data Protection Regulation).

It allows us to use the Patient's personal data for a number of reasons without checking with the Patient that it is ok for us to do so. For example, where we can show that we have legitimate reasons to use the Patient's personal data or where we need to use the Patient's personal data to provide services they have requested from us, or to meet a legal obligation placed on us.

However, in some situations we need consent from the Patient to confirm that they are happy for us to use their personal data.

On the basis that the Patient lacks the capacity to consent, we require you to provide that consent on their behalf. We understand that you have authority to provide that consent.

## Why we need consent

We need consent to carry out the following activities with the Patient's personal data:

- To provide them with services.
- For communication purposes.
- For quality assurance purposes.
- To make disclosures as required by regulatory bodies and law including safeguarding issues.
- Where you have consented to insurance companies?
- Where you request it, to provide it to third party such as laboratories and health care practitioners?
- To process payment for products and services.
- Internal audits and service analysis.

## What happens next?

If you are unsure about why we are processing the Patient's personal data for the reasons set out above, or what we are doing with it, please ask Dr Humam Aboud who would be happy to provide more information. Please do not sign this form until you are happy that you understand its content.

If you give Onyx London Clinic consent to use the Patient's personal data in the ways explained above, you can ask us to stop using the personal data in this way at any time by speaking to Dr Humam Aboud or by emailing at [contact@onyxlondonclinic.co.uk](mailto:contact@onyxlondonclinic.co.uk)

## Signature

If you believe that it is in the best interests of the Patient for Onyx London Clinic to use the Patient's personal data in the ways set out above and therefore provide consent to such use, please sign below:

.....

.....

Signature

Date

**Note: All QCS Policies are reviewed annually, more frequently, or as necessary.**