

X-PERT Programme Consent Form

Name:	
Address:	
Date of birth:	
GP:	
Practice name and address:	

	Tick
1. I understand that there is a need to monitor the impact of the X-PERT programme on my health status and that my GP may be contacted for my health results at the beginning of the programme, if necessary, and then at 6 and 12 months and annually thereafter (if you would like a copy of your health results, please contact your GP surgery)	<input type="checkbox"/>
2. I understand that my participation in the programme is voluntary and that I am free to withdraw my consent for the storage and use of my health results at any time	<input type="checkbox"/>
3. I understand that any information I provide to X-PERT Health will be kept confidential within a secure Audit Database, will only be reproduced in an anonymous form	<input type="checkbox"/>

If you consent to the use of your data for the purposes of audit you can still change your mind at any time. Once you have informed us of this we will delete all relevant data from our Audit Database. X-PERT Health are compliant with the national data opt-out policy, and so will not hold any data if you have opted out through this process - unless you have provided explicit consent for us to do so. For more information about the national data opt-out policy go to www.nhs.uk/your-nhs-data-matters

Patient's signature (or representative):	
Name (if different to above):	
Relationship to patient:	
Date:	

For further information please read our privacy notice on our website www.xperthealth.org.uk