

ABDO Pre-Qualification Period Portfolio

Example of a data protection form that could be used

Practice Name and Address:
I give permission for details of my patient record to be used anonymously for the purposes of a case study in the portfolio belonging to.....
I also give permission for my original records to be viewed by a third party, for the purpose of checking authenticity of records should the need arise.
Name:
Signature:
Date:

Practice Name and Address:
I give permission for details of my patient record to be used anonymously for the purposes of a case study in the portfolio belonging to.....
I also give permission for my original records to be viewed by a third party, for the purpose of checking authenticity of records should the need arise.
Name:
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