

## Amwell Street Surgery Finger Print Consent Form

Before you consent to register your finger print you should be happy that you understand what the system does and how your data is stored.

When you understand this you should sign this form as evidence and then hand the consent form to a receptionist who will arrange for your finger print to be recorded.

Any data held by the practice concerning you is subject to the regulations laid down in the Data Protection Act (1998).

I have read and understood the information regarding the automated arrivals system and subject to this information, I consent to my GP practice taking and storing my fingerprint.

I further agree to use the system in a responsible manner and to immediately report any errors I encounter whilst using the system.

Signed.....

Print Name.....

Date.....

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### *For Office Use*

Patient Finger Print Record Taken:

Consent Form Scanned: