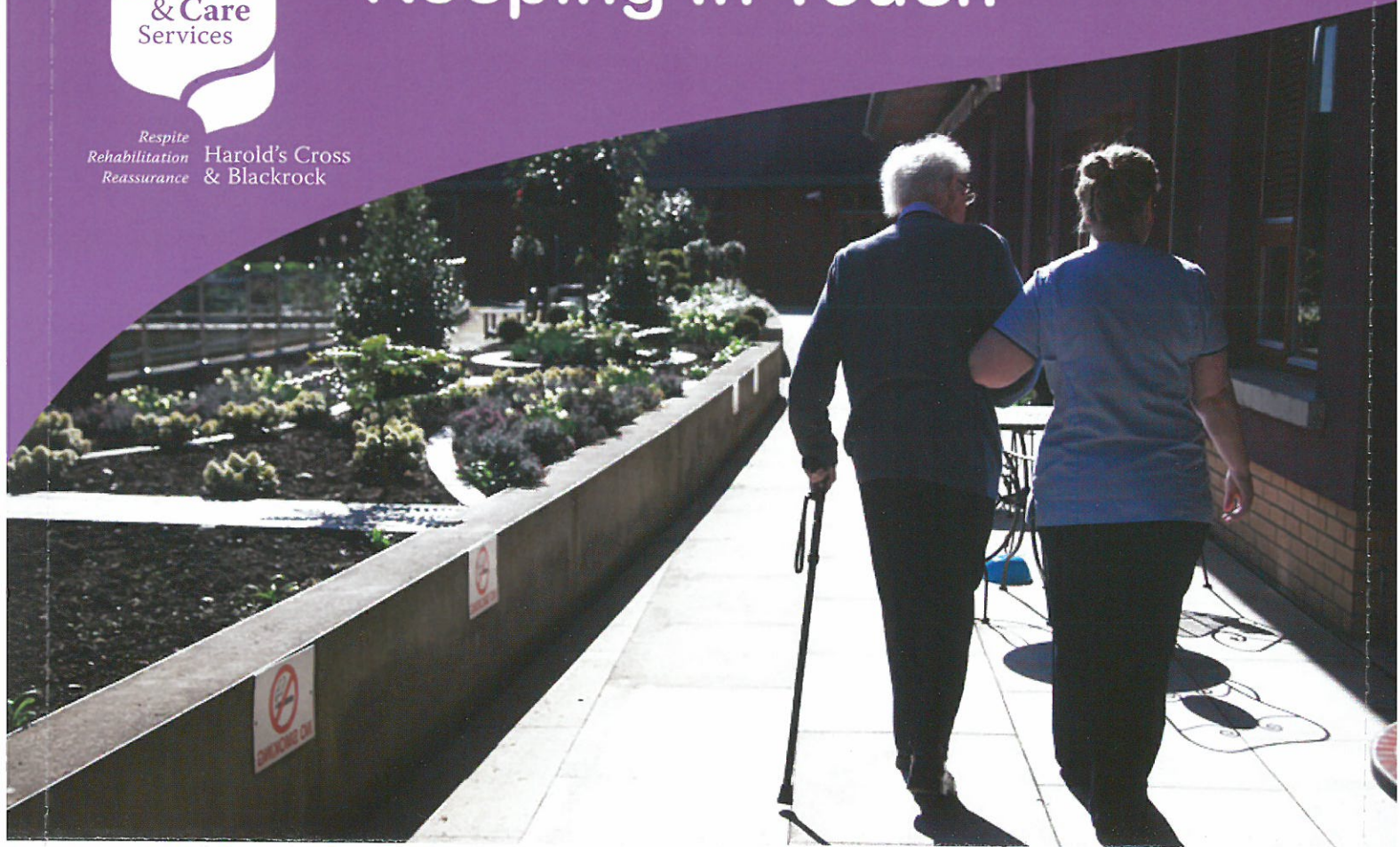




Keeping In Touch

Respite
Rehabilitation
Reassurance

Harold's Cross
& Blackrock



Postage will be paid by Licensee

No
Postage
Stamp
Required

Patient Services Department
Our Lady's Hospice & Care Services
Harold's Cross
Freepost F5185
Dublin 6W
D6W RY72

Your details have been provided to us as the **next-of-kin** of a patient in **Our Lady's Hospice & Care Services**.



Data Protection

Under data protection law we require consent from next-of-kin/families/carers so we can contact you about our services.

What does this mean?

We would like to be able to contact you directly about services such as memorial events, counselling, quality and satisfaction surveys and research, which help us to keep improving what we do.

If you do not fill out this form we will not be allowed to make contact with you regarding our services.

Thank you for your understanding.

Keep in Touch

If you are happy for us to keep in touch, we will be allowed to contact you for valuable feedback on our work and to share details of services you may find helpful.

What do I do next?

Please complete the details below and hand this form in to the Patient Services Department or ward reception. Alternatively, you can fold it in two and send it back to us by freepost.

You might like to tell other family members/carers that we will not be permitted to contact them unless they fill out this form.

To find out more about data protection, the laws & your rights please visit www.dataprotection.ie

I, (please print name in block capitals) _____

am a **next-of-kin / family member of / carer of** (please print patient's name) _____

(please print patient's address) _____

(please give patient's date of birth) _____

and I give permission to Our Lady's Hospice & Care Services to contact me as outlined below:

Please tick for YES	Method of Contact	Contact Details (email address, mobile number, etc)
	Post	
	Email	
	Home Phone	
	Mobile Phone	
	Text Message	

May we also contact you to tell you about our upcoming fundraising campaigns using these details? **Yes** **No**

Signed _____ Date _____

If you have any questions please contact the Data Protection Officer, Our Lady's Hospice & Care Services, Harold's Cross, D6W RY72.

Find us on   Visit: olh.ie

Please fold this form in two. There is glue on all three sides so you can seal it securely. You can post it to us for free or hand it in to the Patient Services Department or ward reception. Thank you.