Surgeons who perform operations on symptomatic haemorrhoids collect information about the nature of the operation, and the outcomes of the surgery.

Information is entered into the Anolift Registry, which is stored on a secure server located in the UK. The Registry needs to collect your date of birth to enable follow up information to be submitted at a later date, and to allow healthcare professionals to measure and evaluate long-term surgical outcomes.

Your information will be stored in a secure environment and will only be available to appropriate staff. The Registry conforms to the strict confidentiality rules defined by the UK Data Protection Act 2018, and also the UK General Data Protection Regulation (2018).

Data may be shared for research purposes, but only after the data has been made anonymous (people cannot be identified).

We need your permission to hold information that can identify you (including date of birth, date of operation and NHS number). This will be used to ensure that post surgery data can be correctly linked). Recent regulations state that to include your data, we require your written permission.

We do hope you will agree to have your medical details being included on this Registry - Please tick the appropriate boxes below to show whether or not you consent to the collection of your personal information, and sign this form.

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**I** **understand:**

**The above statement and confirm I’ve had the chance to ask questions and received satisfactory answers.**

**That my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected**

**I consent to my specialist entering information into the Anolift Registry that can identify me for the purposes of monitoring and improving patient care. Yes [ ] No [ ]**

**I consent to providing my email address for the purpose of receiving emails asking me how my treatment is working Yes [ ] No [ ]**

**My email address is** ………………………………………………………………………..

Patient Signature ....................................................... Date.................

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To be completed by the Person taking consent: I confirm that I have discussed the collection of personal information and its storage on the Anolift Registry

Clinician Signature …………………………………………………. Date…………………