

# HEALTH INFORMATION CONSENT FORM



This form is a specific request from Grove Pension Solutions Ltd ("we" "us" or "Grove") for your consent to the processing by us of certain categories of personal data under the General Data Protection Regulation (GDPR) and any other applicable data protection legislation.

Under Article 9 of the GDPR 'personal data concerning health' is classed as a special category of personal data for which we need your explicit consent to process.

## PROCESSING OF PERSONAL DATA CONCERNING HEALTH

In order to provide advisory services to you we may process information relating to your health or the health of your spouse or partner. If relevant we may also process health information relating to your children or dependants. If they are over 16 years old they will need to provide consent to us.

This information may include medical history and any current conditions, but we will not require access to medical records. We will only process this information as required in order to advise you on investment strategies and suitable financial products. Our advice may not be suitable to your circumstances if you do not disclose relevant health information to us.

We will not share this information with anyone else unless you give us further consent to do so.

## RIGHT TO WITHDRAW CONSENT

You have the right to withdraw the consent granted by this form to the processing of your personal data concerning health at any time, by emailing us at [kate@groveps.co.uk](mailto:kate@groveps.co.uk)

## DECLARATION OF CONSENT

I confirm that I consent to Grove Pension Solutions Ltd processing my personal data concerning health as set out above for the specific purposes set out above.

### CLIENT:

Printed Name:

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Signature:

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Date:

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### SPOUSE OR PARTNER:

Printed Name:

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Signature:

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Date:

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