

**Name:**

**Address:**

**Contact Tel.**

**Email:**

---

**Data Protection Statement:**

I consent to Kelley Boulton, Homeopath, using my personal data and information I share, in line with the Data Protection Act 1998 and the General Data Protection Regulations (GDPR) 2018, for the purposes of providing homeopathic treatment for me and/or my child(ren) (if under 18 years) - delete as appropriate.

Please sign below to indicate that you have understood and accept the information above. **If completing electronically, please mark this box  to confirm that you agree to the above declaration and type your name in the signature space below.**

Signed: .....

Date: .....

Please cross the boxes (tap curser in the box if completing electronically) below to confirm your consent to your personal data being used for the following reasons:

- I use your personal information to analyse the conditions for which you have consulted me and to prescribe homeopathic remedies and other therapies.
- For the purpose of communicating with you (e.g. booking appointments); I will communicate with you by email, other digital methods, by telephone and by post.
- From time to time, *anonymised* information you share, not including personal data, may be discussed during supervision sessions with another homeopath, or homeopaths, either in a one to one, or a group supervision context.
- I may use your personal information to contact you about events, promotions, to send you a newsletter

**Virtual Consultations Statement**

When conducting a virtual consultation e.g. via zoom or skype, I will be speaking with you from a private space to ensure confidentiality. Please ensure that you are also able to do this.

I do not record consultations unless by prior agreement with you. PLEASE NOTE that I also do not consent to clients recording consultations without my agreement. Please tick this box to confirm your understanding of, and agreement with, this statement