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**Paula Webb RSHom**

**Registered Homeopath at Helix Homeopathy**

**PRIVACY STATEMENT AND CONSENT FORM**

# Your details

|  |  |
| --- | --- |
| **Name:**  |  |
| **Email:** | **Telephone:** |
| **Address:** |  |
|  | **Postcode:** |

# Privacy statement

Please tick the boxes below to give me permission to use the information you have supplied in the following ways:

☐ I use your personal information to analyse the conditions for which you have

 consulted me and to prescribe remedies and other therapies.

☐ I will communicate with you by email, other digital methods, by telephone and by

 post.

I understand that I can, at any time, request that my personal information not be used for these purposes by contacting:

Paula Webb

28 Beverstone Road,

London, SW2 5AN

Email: hello@helixhomeopathy.com

**While I remain a patient of Paula Webb (and for seven years thereafter), I consent to my personal information being used for the purposes detailed above.**

|  |  |
| --- | --- |
| **Signature:** |  |
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