



# Butterfly Homeopathy

## GDPR CONSENT FORM

**HOMEOPATH**



**MICHELLE VOSS**

**CLIENT**

Please read the following document carefully and then complete your details at the end to show your understanding and acceptance of the way your information is used. Please let Butterfly Homeopathy know of any changes to this information during the course of our relationship.

### PRIVACY STATEMENT

You understand that the information you supply can be used in the following ways:





-  To analyse the conditions for which you have consulted me and to advise remedies and potentially other therapies
-  To communicate with you by email, other digital methods, by telephone and occasionally by post

At any time you can request that your information is not used in this way by contacting me at:

Email [michelle@butterflyhomeopathy.com](mailto:michelle@butterflyhomeopathy.com)

Website [www.butterflyhomeopathy.com](http://www.butterflyhomeopathy.com)

### ADDITIONAL INFORMATION

-  I do not record consultations unless by prior agreement by you
-  I do not consent to patients or visitors recording consultations unless by prior agreement
-  If a consultation is on zoom (or alternative) I always ensure that I am speaking to you from a private space
-  I will never share your data without your consent

### CONSENT

Whilst I remain a patient of Michelle Voss (Butterfly Homeopathy) and for 7 years thereafter I consent to my personal information being used for the purposes detailed above:

NAME	
SIGNATURE	
TELEPHONE	
EMAIL	
ADDRESS	
DATE OF BIRTH	