

Psychic Reading consent form

About you

Name

Address

Phone number

Email

Date of birth

Please read before signing

The 'reading' is for 'informational' purposes only and is open to interpretation. The reader therefore cannot be held responsible for the accuracy or reliability of the information given to you.

The information given should never be a substitute for any professional, legal or financial advice that you may require. A 'Psychic Reader/ Medium' is not a Doctor and therefore will never diagnose or seek to treat any specific illness.

The 'reader' will also never try to intuit information relating to predicting death and will also never seek to intuit information about a third party – the 'reader' will only seek to intuit information about you personally.

The information you share with us will never be divulged or shared with any other person or third party. It will be stored confidentially and your notes will be kept securely for seven years to comply with insurance regulations (please see following pages).

I have read, understood and agree to the terms given above.

Name: _____

Signed: _____

Date: _____

Natural therapies: Homeopathy, Naturopathy, Sound Healing, Reiki

Zoe Hopper DipHom, CoSH | hello.flourish.flow@gmail.com | www.flourishandflow.co.uk | 07900 401246
Registered at: The Garden Flat, 39 Blackheath Road, London, United Kingdom SE10 8PE

Data Protection information and consent form

The changes in Data Protection Legislation that came into force on 25th May 2018 legally oblige me to provide you with the following information and to ask you to give your consent for me to hold your personal data

What is included under personal data?

The personal data I hold about may include:

- Your phone number, email address and postal address
- Emails and email attachments, SMS/Whatsapp messages we have exchanged
- The initial Consent Form which you have completed
- Brief notes for each session

How do I store your personal data?

- Your initial Client Form is stored securely in a locked filing cabinet
- Your phone number is stored on my mobile phone under your first name or initials (no surname is used), as are any SMS/Whatsapp messages and record of phone calls. My phone is code-locked and is kept secure at all times.
- Our email correspondence is password-protected and my email service provider ensures that the emails are secure and encrypted
- Treatment session records are kept as hard copy in a locked filing cabinet
- Appointments are booked in my electronic calendar/diary with your first name only.

Why do I need to hold your personal data?

- In order to be able to communicate with you via phone, email or post if necessary
- So that I have a record of your attendance and a note of important factual information that may be of significance in our sessions
- It is a requirement of my insurance provider.

How long will I keep your personal data for?

- My insurance provider requires me to keep any client records for seven years after completing treatment.
- After seven years from completion of treatment sessions, all electronic data will be permanently deleted, and any hard copies shredded and disposed of.

Your right to see the personal data I hold about you

- The legislation states that you have the right to see the personal data I am holding about you
- If you wish to do so, you can ask to see your personal data, and I will be required to provide this for you within 40 days of your request.

When may I share your personal information with third parties

There are a limited number of circumstances in which I may share your personal data and other information with third parties:

- Where required by the court of law
- If your safety or that of a vulnerable adult or child is imminently at risk
- If you request and/or give me consent to share your information with another health professional for the purposes of improving your care

I have read and understood the above information and agree for my personal data to be held and processed by **Zoe Hopper** in the ways and for the purposes described above.

Name: _____

Signed: _____

Date: _____