Flourish & Flow

Sound Healing client treatment consent form

Please complete the while you are waiting for your treatment.

About you

Name

Address

Phone number

Email

Date of birth

What's your reason for coming to Sound healing?

Do you have any of the following health conditions (Tick any that apply)

Asthma	__	Cancer	__	Diabetes	__
Epilepsy	__	Heart Problems	__	Hepatitis	__
High Blood Pressure	__	Mental Illness	__	Meniere's Disease	__
Osteoporosis	__	Pregnancy	__		

Do you have any other health condition not on the list?

Name and address of Doctor

Are you taking any medication? Please list

Have you had any operations? Please list with dates

Do you have a Pacemaker, internal metal rods, plates or screws?

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

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Please read before signing

A Sound Healer is not a Doctor and therefore will not diagnose or treat any specific illness. If you have a medical problem you are advised to seek professional medical help.

In the 2-3 days after your treatment drink plenty of water, take some gentle exercise and take it easy. Give your body a chance to heal itself. If you feel any discomfort after your treatment you are welcome to contact your practitioner.

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.

I have read and understood the above. I have had Sound Healing explained to me and I consent to receiving Sound Healing.

Name: _____

Signed: _____

Date: _____

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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/Whatapp messages we have exchanged
- The initial Client Treatment Consent Form which you have completed
- Brief notes for each treatment 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 healing 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.

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When may I share you 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: _____

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