**Violeta Ivanova**

**Registered Homeopath**

**PRIVACY STATEMENT AND CONSENT FORM**

**Your details**

|  |  |
| --- | --- |
| **Name: Violeta Ivanova** |  |
| **Email: violetaivanovahomeopathy@hotmail.com** | **Telephone: 0044 7525838861** |
| **Address: 6 Sutherland Avenue, Hellesdon, Norwich,** |  |
|  | **Postcode: NR6 5LN** |

**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 homeopathic remedies.

☐ 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:

Violeta Ivanova

6 Sutherland Avenue

Norwich

NR6 5LN

Email: violetaivanovahomeopathy@hotmail.com

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

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |