



registered member of



Helix Homeopathy

PRIVACY STATEMENT AND CONSENT FORM

Your details

Name:	
Email:	Telephone:
Address:	
Postcode:	

Privacy statement

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

- We use your personal information to analyse the conditions for which you have consulted Helix Homeopathy and to prescribe remedies and other therapies.
- We 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:

Helix Homeopathy,
28 Beverstone Road,
London, SW2 5AN

Email: hello@helixhomeopathy.com

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

Signature: _____
