



registered member of



Sheila Cooper

Registered Homeopath

PRIVACY STATEMENT AND CONSENT FORM

Your details

Name:	
Email:	Telephone:
Address:	
Postcode:	

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 remedies and other therapies.
- 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:

Sheila Cooper
39 High Street
Delabole PL33 9AA

Email: sheila@gentlehomeopathy.com

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