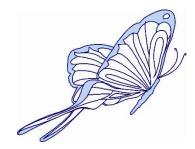
Privacy Policy

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From 25th May 2018, the new Data Protection Act 2018 comes into place, and I need to inform you what data I hold about you, why I need it, what I will be doing with your data, who I might share it with and when I will destroy it. Date of birth: Client's name..... What information do I hold, why do I have it and who might I share it with? Currently I hold a completed consultation form and treatment records with your details. These include your name, address, date of birth and various means of contacting you. Personal data Address, phone / mobile nos, email address – these are all required so I can contact you. Do you consent to me holding these details? Please tick if you agree. Do you consent to me using your details to contact you and send you a newsletter? Please tick if you agree. **Health Related Data** Consultation Form – all clients/patients must complete a consultation form, so I have a full understanding of your medical and health history. This I need for insurance reasons, but it is to check that it is safe to treat you. It also helps me understand what medical issues you have and how best I can treat you. NB - Treatment will not go ahead unless I collect and store these details. Do you consent to me holding these details? Please tick if you agree.

It is a condition of my Insurance Policy to take and retain client records for at least 7 years following the last occasion on which treatment was given. In the case of treatment to minors, records shall be kept for 7 years after they reach the age of majority (18).

<u>Treatment Records</u> – these are my notes detailing what I have found in my assessments,

what treatment I have given you and how you felt immediately after that treatment.

NB - Treatment will not go ahead unless I collect and store these details. Do you consent to me holding these details? Please tick if you agree.

I may need to share your data with authorised legal, regulatory and insurance authorities, if required to defend myself. This will be the professional membership body I am registered with and the insurance company I hold my professional indemnity insurance with.

After 7 years following the last occasion on which treatment was given, I will destroy all of your records by shredding them.

How and where do I hold your data?

All Consultation forms and Treatment records are kept in locked room within my house. Only I have access to these records and I will take all appropriate steps to protect the confidentiality, integrity, availability and authenticity of your data.

Privacy Policy

Your Individual Rights under the Data Protection Act 2018.

You have:

- the right of access to your personal data;
- the right to object to the processing of your personal data;
- the right to restrict the processing of your personal data;
- the right to rectification of your personal data;
- the right to erasure of your personal data;
- the right to data portability (to receive an electronic copy of your personal data);

My Rights

In exercising your Individual Rights, you should understand that in some situations I may be unable to fully meet your request, for example if you make a request for me to delete all your personal data, I may be required to retain some data for taxation, legal, regulatory and insurance purposes.

You should understand that when exercising your rights, a substantial public or vital interest may take precedence over any request you make. In addition, where these interests apply, we are required by law to grant access to this data for law enforcement, legal and/or health related matters.

Complaints

If you are dissatisfied with the way in which I process your personal data, you have the right to complain to the UK's Data Protection Supervisory Authority, the Information Commissioner's Office (ICO). The ICO may be contacted via its website which is https://ico.org.uk/concerns, by live chat or by calling their helpline on 0303 123 1113.

How to contact me

If you have any questions regarding the use of your data and your Individual Rights, please contact me on **07811-362215** or karenmaesimpson@gmail.com.

Thank you.

Please sign below to acknowledge that you are aware of my Privacy Policy, the personal and health related details I hold on you, why I hold them, how and where I store your data, your Individual Rights, My Rights, who to complain to and how to contact me. Please sign to consent to me holding your details.

Name:	Date of birth:
Signature:	Date: