



HEALING GDPR CLIENT CONSENT FORM

Please complete with full name, check boxes and sign with real signature and return to
info@unityhealing.space

By signing and ticking the boxes on the left below, you explicitly consent to us processing the personal and sensitive data you have included in the **Healing Client Details Form**. We are committed to protecting your personal data and will only use your data for the purpose for which it was collected.

This is to certify that I, (add name here)..... agree
the following:

	I understand that the personal and sensitive data collected from me, including my reasons for seeking healing, health, pregnancy, medication, and treatment, is necessary for the purposes of providing a service to me and safeguarding my health, safety, and well-being. I agree that if this data changes at any time that I will inform Unity Healing. I understand that if I choose not to give this information that I may not be able to receive healing.
	I understand that my personal data may have to be shared with (i) service providers who provide IT and system administration support, (ii) professional advisors including lawyers, bankers, auditors, and insurers. I understand that the basis on which my information is processed is with my explicit consent, for performance of the contract between myself and Unity Healing, and also necessary for legitimate interests.
	I understand that the above 3 rd parties, to whom Unity Healing might transfer my personal data, respect the security of my data and will treat it in accordance with the law.
	I understand that my personal data will not be disclosed other than in the instances above without my explicit consent, unless required by law or it is in my vital interests to do so.
	I understand that my personal data will be kept for a period of at least 7 years from the date of the last appointment. Regarding a child, the records will be kept for at least 7 years past the age of 18 years. The grounds for this are to comply with a legal obligation.
	I understand that I may request to see the data you hold about me and how it is processed which will, in most cases, be provided within one month of the date of the request.
	I understand that I have the right to have inaccurate personal data rectified; restrict the processing of my information; that I can withdraw my consent at any time, and in certain circumstances have my personal data erased.
	I understand that if I am not happy at any time with any aspect of how my data has been



	collected and used then I have the right to complain to Unity Healing whose contact information is provided below.

Signature (please ad actual signature):

.....

Date:

.....

