



PRIVACY NOTICE:

Your personal information - general data protection regulation (GDPR)

GDPR brought in new legal protection for personal information from May 2018. This Privacy Notice tells you what personal information I hold and why, and what your rights are.

Therapist's Name/Identity: Alexandra Petty

Telephone No: 01362 861 334 / 07775 686 571

Email address: alex@restorationroomnorfolk.co.uk

Address: The Restoration Room, Garbo Cottage, Church Lane, Gressenhall, Dereham, Norfolk NR19 2QF

Data Controller Contact Details: *As above*

The Purpose of processing Client Data

I hold and use client data in order to provide you with the best possible treatment options, support and advice.

Lawful Basis for holding and using Client Information

The lawful basis under which I hold and use information is my requirement to hold your information for 'Claims Occurring' insurance which requires records to be kept for 7 years after last treatment.

As I hold special category data (i.e. health related information), the **Additional Condition** under which I hold and use this information is for me to fulfil my role as a health care practitioner bound under the conditions of my professionals associations: **Alliance of Registered Homeopaths**.

What information I hold and what I do with it

In order to give professional Homeopathy, Integrated Myofascial Release Therapy, Scar Tissue Massage, Soft Tissue Therapy Massage, Reflexology Lymph Drainage, Reflexology and Reiki treatments, I will need to ask for and keep information about your health. I will only use this for informing the treatments you receive and any advice I give as a result of your treatment. The information to be held is:

- Your identity and contact details including name, gender, date of birth, address, email address and telephone number.
- Your medical history and other health-related information such mental, physical and emotional symptoms and treatment history as told to me during consultations and treatments.
- Personal data such as information relating to political opinions, religious or philosophical beliefs, genetic and biometric data, or data relating to sexual orientation as told to me during consultations and treatments.
- Treatment details and related notes.

I will **NOT** share your information with anyone else (other than within my own practice, or as required for legal process) without explaining why it is necessary, and getting your explicit consent.

I will keep your information for 7 years in line with the lawful basis listed above.

I may contact you by email, phone, text, Messenger (via Facebook), Zoom or WhatsApp in relation to:

- Appointment times.
- Homeopathy, Integrated Myofascial Release Therapy, Scar Tissue Massage, Soft Tissue Therapy Massage, Reflexology Lymph Drainage, Reflexology and Reiki treatments information or information related to your health.
- Special offers and promotions (*you may unsubscribe from this at any time*)

Your data will not be transferred outside the EU without your consent.

The Restoration Room

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Protecting Your Personal Data

I am committed to ensuring that your personal data is secure. In order to prevent unauthorised access or disclosure, I have put in place appropriate technical, physical and managerial procedures to safeguard and secure the information we collect from you.

I may contact you by email, phone, text, Messenger (via Facebook), Zoom or WhatsApp as outlined above.

Your Rights

GDPR gives you the following rights:

- **The right to be informed:** *To know how your information will be held and used (this notice).*
- **The right of access:** *To see your therapist's records of your personal information, so you know what information is held about you and can verify it.*
- **The right to rectification:** *To tell your therapist to make changes to your personal information if it is incorrect or incomplete.*
- **The right to erasure** (also called "the right to be forgotten"): *For you to request your therapist to erase any information they hold about you*
- **The right to restrict processing of personal data:** *You have the right to request limits on how your therapist uses your personal information*
- **The right to data portability:** *under certain circumstances you can request a copy of personal information held electronically so you can reuse it in other systems.*
- **The right to object:** *To be able to tell your therapist you don't want them to use certain parts of your information, or only to use it for certain purposes.*
- **Rights in relation to automated decision-making and profiling.**
- **The right to lodge a complaint with the Information Commissioner's Office:** *To be able to complain to the ICO if you feel your details are not correct, if they are not being used in a way that you have given permission for, or if they are being stored when they don't have to be.*

Full details of your rights can be found at <https://ico.org.uk/your-data-matters/>

If you wish to exercise any of these rights, please email alex@restorationroomnorfolk.co.uk

If you are dissatisfied with the response you can complain to the Information Commissioner's Office; their contact details are at: www.ico.org.uk

Therapist's rights

Please note:

- If you don't agree to your therapist keeping records of information about you and your treatments, or if you don't allow them to use the information in the way they need to for treatments the therapist may not be able to treat you.
- Your therapist has to keep your records of treatment for a certain period as described above, which may mean that even if you ask them to erase any details about you, they might have to keep these details until after that period has passed.
- Your therapist can move their records between their computers and IT systems, as long as your details are protected from being seen by others without your permission.

Once you have read this notice please kindly complete and sign the declaration of consent below (if using the paper format) or tick to electronically confirm agreement within the online booking process.

DECLARATION

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.

I have received a copy of this document.

Name:

Signature:

Date:

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