**Consent Form**

Harris MIND AND Body take your privacy very seriously. Please see our Privacy policy which is available at reception and on our website.

Harris Mind and Body requests your explicit consent to process the data you provide us to ensure;

* the necessary performance of a course of treatment,
* to comply with our legal obligations as a healthcare provider,
* where there is a vital interest (such as contacting a next of kin in a medical emergency)
* where we may have a legitimate interest to do so (information about a new treatment or class that would be of benefit to you.

Please read through the statements below and **TICK (Yes or No)** and **SIGN** at the bottom.

NB: You have the right to withdraw your consent at any time.

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| --- | --- | --- | --- |
| **Personnel Information**  I agree to HMB collecting relevant information about my health problem for assessment and treatment and for this information to be appropriately processed by our team. | YES NO  Date……………………… | | |
| I agree to HMB contacting me to notify me of appointments/ medical information using the information I have provided. | Email | Phone | Letter |
| Date |  |  |  |
| **Consent to Assessment and Treatment**  I am happy for the Healthcare professional to assess and treat me as required. | YES NO  Date……………………… | | |
| **Consent to Acupuncture**  I have read and understand the information and risks of acupuncture and consent to treatment | YES NO  Date……………………… | | |
| **Consent to use of Data for Audit.**  To ensure you are provided with the best healthcare possible we may submit information to The Data for Impact Study.  I provide my consent to audit. | YES NO  Date……………………… | | |

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| **Marketing**  I agree to HMB contacting me with information on products and services we provide | Email | Phone | Letter |
| Date |  |  |  |

Signature………………………………………………………Print Name…………………………………………………………..