

## Your Personal Information – General Data Protection Regulation (GDPR)

Who I am and how to contact me:

Name: Ewa Flasz , E-mail [ewafnutrition@gmail.com](mailto:ewafnutrition@gmail.com)

Phone: +447845463956

The purpose of processing your data and how it will be stored:

As a Nutrition Specialist, I am required to request and keep accurate records of your personal details. The information to be held is:

- Your contact details
- Medical history and other health-related information (as recorded on the attached 'Health and Nutrition Form')
- Treatment details and related notes (which I will take at each treatment during the Case Study period). It is my duty to ensure confidentiality and safe keeping of this information as outlined below

All paper records will be held securely in a locked filing cabinet and notes taken on electronic devices will be password protected. No client files are left on surfaces for other clients/staff to read.

Data will not be shared to any 3rd party, without your explicit consent.

How long your information will be retained for:

This 'Health and Nutrition Form' will be kept securely for 8 years following your last recorded visit, until you are 25 if you are under 16 years of age, or until you are 26 if you are 17 years old. Once marked, the 'Case Study Form' containing your personal details will be securely destroyed within an eight-week period.

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 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/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>. If you wish to exercise any of these rights, please use the contact details given above. 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](http://www.ico.org.uk)

Please note:

- If you do not 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, the therapist will not be able to treat you
- Your therapist must keep your records of treatment for the time period 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, providing your details are protected from being seen by others

PLEASE TICK (This section must be completed by a Parent or Guardian if you are under 16 years of age)

All the information included within the Client Registration form is complete and accurate to my knowledge

I consent to assessment and treatment using the Bowen Technique

I understand and consent to the collection and use of my personal information as outlined above

FULL NAME (PRINT): \_\_\_\_\_  
\_\_\_\_\_

SIGN:

DATE: \_\_\_\_\_