



Dorothy Watt
HOLISTIC WELLNESS ADVOCATE

Privacy Statement and Acceptance Form

Your Details

Name	
Address	
Postcode	
Main Contact telephone	
Email address	

Privacy Statement

Please tick to show your acceptance

- Dorothy Watt uses my personal information to further her understanding of my reasons for consulting her, and to prescribe remedies and other therapies
- Dorothy Watt will ask my permission before sharing my personal information with anyone else, unless she is legally required to do so
- Dorothy Watt will communicate with me by email, text, phone, and post

I understand that I can, at any time, request that my personal information not be used for these purposes by contacting:

Dorothy Watt, 9 Buckingham Street, Oxford, OX1 4LH
hello@dorothywatt.com

While I remain a client of Dorothy Watt (and for a minimum of seven years thereafter), I accept that my personal information will be used for the purposes detailed above.

Signature		Date	
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