

PRIVACY NOTICE

YOUR PERSONAL INFORMATION - GENERAL DATA PROTECTION REGULATION (GDPR)

This privacy notice sets out how **NEW MOON HOLISTIC THERAPIES** uses and protects any information that you give us when you use any of our services.

NEW MOON HOLISTIC THERAPIES is committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when using our services, you can be assured that it will only be used in accordance with this privacy statement.

Proprietors/Business Owners Name: ALISON SAVAGE

Contact Details of Business:

Telephone No: 01623 427160

Email address: info@newmoonholistic.co.uk

Address: Nottingham Road, Mansfield, Nottinghamshire NG18 4AA

Data Controller Name: Alison Savage

Processor Name:

Or There is no Processor who controls your data on the data controller's behalf.

The Purpose of processing Personal Data

To provide a full professional service, we will need to gather and retain certain personal information. **BUSINESS NAME** will only use this information to provide the service in which you have requested.

Legal Requirements Required by Law

BALENS is our insurance provider, who, require a certain amount of information about yourself in order for us to provide the service you require. This information is never shared with a third party unless requested by law. However, this information is required to be kept on file 7 years from the date of your last therapy session.

What information we hold and how we use it

We collect the following information, so we can fulfil our services:

- **Name:** So, we can identify the person who is booked for services, this is a legal requirement.
- **Address:** We need this information for referrals and as a legal requirement.
- **Email Address:** If you would like to be on our Mailing list for offers or training services.
- **Contact Information:** So, we can call you to book/cancel or rearrange appointments.
- **Your Doctors Details:** We need this information for referrals and as a legal requirement.
- **Personal Medical Details:** So that we can make sure that the service we provide is suitable for you and that any medical issues can be identified prior to treatment service. This is also required by law.

- Opt-In: by ticking this option will mean that your details are used to send future offers, promotional services which link to your interest.

Protecting/ Destroying 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 will contact you using the contact preferences you give me in relation to:

- Appointments: Messenger Email Mobile Landline
- Training Services: Messenger Email Mobile Landline
- Special offers and promotions: Messenger Email
(you may unsubscribe from this at any time)

Once your personal information becomes obsolete we will destroy your personal information by shredding as our records are kept as paper-based. And your email address deleted with any saved attached information.

Your Rights

You may choose to restrict/ view your personal information in the following ways:

- If you have previously agreed to us using your personal information for direct marketing purposes, you may change your mind at any time by opting out please email info@newmoonholistic.co.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 must keep your records of treatment for 7 years 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 as a legal requirement by law.
- 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.

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: