



Consent for Service and Professional Communication

I consent to Optimise Health and Wellness , sharing and gaining information (written or verbal) relevant to the care of: *

with people involved in my/their care as listed below.

Name	Organisation	Contact Details

Photo / Video Consent Form

We would be grateful if you would give your permission to take photos of **you** and use these in our printed and online publicity.

I give permission for Optimise Health and Wellness to photograph and/or video me *

Yes No

I grant Optimise Health and Wellness full rights to use the images resulting from photography/video filming and reproduction or adaptations of this images for fundraising, publicity, or other purposes to help achieve the group's aim. This might included (but is not limited to) the right to use them in their printed and online publicity, social media, press releases and funding applications. *

Yes No

All information gathered by this clinic is confidential and is only available to authorised staff members. Accessing such information is used to provide comprehensive holistic care. Be advised that you may withdraw and/or amend your consent at any time. By law we may be required to share your information.

I have read and understood this form and I consent to the use of my information as described *

Signature

Name

Date