

HEALING BEAUTY CLIENT CARE PACK

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Please note we are unable to accept any clients, new or old if we are not in receipt of your signed consent forms.



Our Covid-19 Procedures

Following the COVID-19 (Coronavirus) pandemic, Healing Beauty, like many other companies have been forced to reconsider our working practices. These new practices are based upon Government Guidelines and recommendations from BABTEC, the leading body in the beauty industry. Please read the safe operating procedures that we have put in place to protect your health and ours. Please note our policies are non-negotiable and require your signatory consent below.

- 1. Treatments are ONLY accepted by pre-booked appointment.**
- 2. Please arrive at the salon PROMPTLY at your designated time.**
- 3. We allow a 15min window of discretion, after this you will need to rebook.**
- 4. All clients should bring their own PPE, this is MANDATORY.**
- 5. Your beautician will also be wearing her own PPE.**
- 6. Please arrive with signed client care forms if possible.**
- 7. On arrival, your temperature will be taken with an infra-red thermometer.**
- 8. All personal effects, including shoes, will be placed in a box in the lobby.**
- 9. Strictly no guests, family members or children are allowed, only yourself.**
- 10. Strictly no pets and we are sadly unable to offer refreshments at this time.**
- 11. If you or a family member have been or are feeling unwell, please reschedule your appointment. Do not come to the studio.**
- 12. Contactless payment or BACS transfer is preferred.**

After each appointment, the treatment room will be full sterilised using the very latest in UV-Sterilisation equipment. This is your guarantee of being treated in a clean and safe environment by a fully insured professional.

I hereby agree that I have read and understand the procedures. I agree to comply with them when attending treatment at Healing Beauty.

Signed

Name _____

Dated _____

Medical Consent Form

I understand that the World Health Organization has declared COVID-19, a worldwide pandemic and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, social distancing is recommended. This is not entirely possible with my proposed treatment, however, I am satisfied that safety measures are in place to minimise risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical need.

I understand Healing Beauty are closely monitoring the COVID-19 situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this consultation form and I give my express permission to proceed.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with the medical consultation/ treatment/procedure itself.

I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired beauty treatment/procedure.

I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I confirm that I have not travelled in the past 15 days.

I confirm that if I develop COVID-19 symptoms following my treatment or a known contact of mine develops symptoms, I will immediately inform the practitioner to enable appropriate measures to be put in place and contact tracing to commence.

Patient name

Clinician name

Signature

Signature

Date

Date

PRE - APPOINTMENT WELLNESS SCREENING CHECKLIST

Patient Name _____ DOB _____

SYMPTOM CHECK:

- 1 Have you experienced ANY of the following symptoms within the last 14 days?
- | | | |
|---|------------------------------|-----------------------------|
| Temperature of feeling feverish | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| New cough | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Sore throat | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Shortness of breath | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Flu-like symptoms such as fatigue, headache | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Nausea or Diarrhoea | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Chills or shivering | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Muscle pains or rash | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Loss of taste OR smell | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- 2 Have you been diagnosed or suspected of having COVID-19 YES NO

Have you had a throat and nasal swab? _____
Did you test Positive or Negative? _____
Date Of Test _____
Have you had an antibody blood test? _____
Was it Positive or Negative? _____
Date of Test _____

FAMILY AND CLOSE CONTACTS:

- 1 Are any of your family members or immediate/close contacts currently sick or experiencing:
Fever, Cough, Shortness of breath or Flu-like symptoms? YES NO Sore throat,
Muscle aches, Fatigue, Nausea & Diarrhoea? YES NO
- 2 Have any of your family members or immediate/close contacts been diagnosed with COVID-19? If yes, when? _____

RECENT TRAVEL:

- 1 Have you recently travelled internationally, travelled within the UK or attended a public event in the last 15 days?
If yes, where and when? _____
- 2 Has any of your family or close contacts recently travelled internationally, travelled within UK or attended an event in the last 15 days?
If yes, where and when? _____

PATIENT NAME (PRINT) _____

PATIENT SIGNATURE: _____ DATE _____

Data Consent Form

Healing Beauty are registered with the ICO for the purposes of data retention and compliance with the UK Data Protection Laws and the European GDPR. We only retain essential information which may include, but is not limited to, name, address, contact telephone number, contact email address.

Following COVID-19, we are also required to keep a medical information form and we will also keep a record of your visits by way of your name and the date you attended.

Our GDPR Privacy Policy is attached with this package.

By giving your consent, you understand that we will store information relating to you in full compliance with the GDPR for the required legal period of time. At any point, you may request through a subject access form, the right to view, amend or delete any of this information.

Please note if you are unable or unwilling to give your consent, then we have to the right to refuse treatment.

Signed

Name _____

Dated _____

Healing Beauty Privacy Policy

UPDATED FOR GDPR COMPLIANCE MAY 2018 & REPLACES ALL PREVIOUS POLICY DOCUMENTS.

DATA CONTROLLER – RENEE STOLTEN, HEALING BEAUTY
DATA PROCESSOR – WEBFLOW / ORIGINAL BEAR MEDIA

Our Commitment

HEALING BEAUTY know how important privacy is to our customers, and we strive to be clear about how we collect, use, disclose, transfer, and store your personal information. This Privacy Policy applies to our website, customer service platform, or other online application that refers to or links to this Privacy Policy (This policy applies regardless of whether you use a computer, mobile phone, tablet, TV, home appliance device, or other smart device to access our website). It is important that you read the Privacy Policy and any supplemental policies provided by us carefully because these documents provide information on how your personal data is processed any time you use our Services. It is also important that you check back often for updates to the Privacy Policy. If we update the Privacy Policy, we will let you know in advance about changes we consider to be material by placing a notice on relevant Services or by emailing you, where appropriate. The most current version of the Privacy Policy will always be available here.

Below you will find a summary of the key points in our Privacy Policy.

Information We Collect

We may collect various types of information including:

- Information you provide directly to us;
- Information we collect about your use of our services; and
- Information we obtain from third party sources.

We may also seek your separate consent to collect information or separately notify you about how we collect your personal information in a manner that is not described in this Privacy Policy, as required for certain additional services.

Use and Sharing of Information

We use the information we collect, among other things:

- To provide the Services you request
- To understand more about you so that we can offer relevant communications and services
- We do not share your information with any third party providers. If we are obtaining further information on your behalf, for example a quotation that requires us to pass your information to this third party we will obtain separate consent by email or telephone.

Information you provide directly

This is information provided by our website, through either a contact form, an online chat system or a quick response form. This information may also be provided to us via an electronic check out system for example an ecommerce store, an online subscription service or other services we provide.

If you order a product or paid service from us, we will ask for your name, contact information, shipping and billing address and credit card information in order to process your order. If you contact us via telephone, we will collect information from you regarding the service you require.

Healing Beauty by Renee Stolten
Carrissima, Grosvenor road, Kennington, Ashford, Kent TN249PH
Tel: 07967 284446 Email: reneestolten@sky.com

Such information collected will include your name, and depending on the nature of your query, may also include your home address, telephone number, email address, and device identifier.

Information about your use of the Services

In addition to the information you provide, we may collect information about your use of our services through software on your device and other means. We will collect:

Device information such as your hardware model, device hardware information, IMEI number and other unique device identifiers, phone number, serial number, sales code, access recording, current software version, MCC (Mobile Country Code), MNC (Mobile Network Code), MAC address, IP address, cookies, pixels, subscription information, operating system versions, and settings of the device you use to access the Services.

Information from third party sources

We may receive information about you from publicly and commercially available sources (as permitted by law), which we may combine with other information we receive from or about you. We also may receive information about you from third party social networking services when you choose to connect with those services.

USING YOUR INFORMATION

We will use the information you provide and we collect your to action the following purposes but not limited to these purposes;

- To provide a service you request
- To contact you to provide further information on our services
- To contact you to give help, advice or support
- To action a complaint or grievance

KEEPING YOUR INFORMATION SECURE

We take protection of your data seriously, and have put in place appropriate physical and technical measures to safeguard the information we collect in connection with the services we provide.

However, please note that although we take reasonable steps to protect your information, no website, Internet transmission, computer system, or wireless connection is completely secure.

YOUR INDIVIDUAL AND CORPORATE RIGHTS

You have the right to request details about the information we collect about you and to request us to correct inaccuracies in that information, to object to or request the restriction of processing, and to request access to, or the erasure or portability of your information. Under the laws of some jurisdictions, we may decline to process requests that are unreasonably repetitive, require disproportionate technical effort, jeopardise the privacy of others, are extremely impractical, or for which access is not otherwise required by local law. If you would like to make a request to access your information, please visit contact us below.

If you request deletion of personal information, you acknowledge that you may not be able to access or use the services and that residual personal information may continue to reside in HEALING BEAUTY records and archives for some time, in compliance with applicable law, but HEALING BEAUTY will not use that information for commercial purposes. You understand that, despite your request for deletion, HEALING BEAUTY reserves the right to keep your personal information, or a relevant part of it, in line with the below section on "Data Retention" and applicable laws. HEALING BEAUTY may suspend, limit, or terminate your access to the website for violating the HEALING BEAUTY Terms of Use when necessary to protect the rights, property, or safety of HEALING BEAUTY, or any of our respective affiliates, business partners, employees, or customers.

DATA RETENTION

We will not keep your personal data for longer than is necessary for the purpose it was collected. This means that data will be destroyed or erased from our systems when it is no longer required.

We take appropriate steps to ensure that we process and retain information about you.

1. at least the duration for which the information is used to provide you with a service;
2. as required under law, a contract, or with regard to our statutory obligations; or
3. only for as long as is necessary for the purpose for which it was collected, is processed, or longer if required under any contract, by applicable law, or for statistical purposes, subject to appropriate safeguards.

Contact Us

If you have any specific questions, please contact us (Data Controller) at:

Healing Beauty
Carrissima, Grosvenor road Kennington Ashford Kent TN249PH
Telephone 07967 284446

You can also contact us if you would like to exercise your rights to access, rectification, deletion/erasure, object, restrict processing, or portability, please email us.

You may lodge a complaint with the relevant supervisory authority if you consider that our processing of your personal data infringes applicable law. Contact details for all EU Supervisory Authorities can be found [here](#).

GDPR Support

We at HEALING BEAUTY care about our customer's privacy. Because we care, we take steps ensure that all of our products and services are created using the principle of privacy by design. All the data we collect is used to make our products and services the best that they can be. In doing this we always ensure your data is protected, and only used where it is necessary for us to provide you with a service or a product. We understand the path your data follows to ensure it is safe, secure and compliant with the necessary data protection law. We welcome the changes that have come as part of the General Data Protection Regulation (GDPR).