KELLSARR FAMILY PRACTICE

Consent & Privacy Acknowledgement Form

Clarity • Dignity • Practical Support

Client Details

Full Name: _____
Date of Birth: _____
Address: _____
Telephone: _____
Email: _____

Privacy Acknowledgement

I confirm that I have received, read and understood the Kellsarr Family Practice Privacy Policy.

I understand how my personal information will be collected, stored and used in connection with the services provided.

Consent

Please tick to confirm:

☐ I consent to Kellsarr Family Practice holding and processing my personal information.

☐ I understand that my information will be handled confidentially except where disclosure is required by law or safeguarding responsibilities.

☐ I understand that I may withdraw my consent where appropriate, subject to any legal obligations.

Disclaimer Acknowledgement

I confirm that I have read and understood the Kellsarr Family Practice Disclaimer.

I understand that Kellsarr Family Practice provides family support, guidance, practical assistance and signposting, and does not provide reserved legal activities, regulated legal advice or legal representation.

Client Declaration

I confirm that the information I provide is accurate to the best of my knowledge and that I understand the nature and scope of the services offered.

Signatures

Client Signature: _____

Date: _____

Kellsarr Representative: _____

Date: _____

Thank you for placing your trust in Kellsarr Family Practice.