



## Access to information

### DECLARATION

I, ....., hereby agree to afford Smart Clinics Limited and its staff, access to my personal confidential information, as currently held by Sensius UK.

I understand that this access is required in order to allow Smart Clinics Limited carry out the management and provision of services as previously were due from Sensius UK.

This information will be held confidentially and used by Smart Clinics Limited in the maintenance of my customer record, and for contacting me as becomes necessary.

**Please tick as appropriate. The clinic I would like my package transferred to is:**

- UXBRIDGE
- SOUTHGATE

- Please tick here for email marketing, to receive information on our services and offers, and up to date information such as changes to our opening times in line with COVID-19, etc.

PRINT NAME.....

SIGNATURE.....