

PATIENT CONSENT

GO2 Health Pty Ltd (**GO2 Health, REFORGE, we, us, our**) is committed to protecting the privacy of individuals and their personal information and complies with the Privacy Act 1988 (Cwth) (**Privacy Act**).

Please read this carefully as it will have important consequences for you in relation to the collection, use and disclosure of your personal information you provide to GO2 Health.

By signing this document, you understand that:

1. In developing a multidisciplinary approach, go2 health may suggest appropriate treatment plans. If you do not consent to be included in our pathways program, please notify our reception team.
2. GO2 health is the party collecting your personal information, and can be contacted at ask@go2health.com.au, or by telephone on 07 3355 5540 or by mail to 455 south pine road, Everton Park QLD 4053.
3. GO2 health will collect your personal information directly from you. In certain circumstances, we may be required to collect personal information from third parties (e.g., your health fund or another practitioner) depending on the nature of your enquiry.
4. The purpose of collecting your personal information is to: register your personal and medical details so that our practitioners can provide you with treatment of their specialised area; and for our general administrative use.
5. You acknowledge and agree to your personal information being collected, used, and disclosed for (including to third party health care providers), and in connection with, these purposes and any other purpose described in our privacy policy.
6. If we do not collect this information, we may be unable to provide you with your requested health services.
7. Should you wish to receive treatments from our practitioners or interact with us, you can do so anonymously or using a pseudonym.
8. Your personal information may be disclosed to the following classes of people and organisations in connection with the purpose in clause 4: our personnel or related entity, third party service providers and any other organisation listed in our privacy policy.
9. We may use your de-identified information in training and research activities within go2 health, and/or in association with external parties (e.g., universities). For this purpose, all your information will be de-identified and securely stored in accordance with Australian code for the responsible conduct of research (2018) and the health records and information privacy act (2002). You are entitled to withdraw your consent at any time.
10. We may disclose your name and email address (but not other information including your health information) to our third-party service providers outside of Australia, for them to broadcast our newsletters and other marketing information, on our behalf. You consent to your information being disclosed to a destination outside Australia for this purpose, including but not limited to the United States, and you understand and acknowledge that Australian privacy principle 8.1 will not apply to such disclosures of your personal information.
11. Our privacy policy sets out the processes as to how you can access and correct any of your personal information collected under this statement that we hold, as well as how you can make a complaint if you consider we have breached the privacy act in handling your personal information. Our privacy policy is available at by scanning the below QR code or can otherwise be provided by requesting a copy from us (our contact details are in paragraph 1).



By continuing to provide us with your details in the patient consent form you indicate that you have read this statement and acknowledge that and give your **voluntary express consent** that your personal information will be collected, used, and disclosed in accordance with this collection notice and as detailed in our Privacy Policy.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, GO2 Health may need to use and disclose my personal information (including any health information).

I acknowledge that GO2 Health will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to GO2 Health is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

Important disclosure: ALL MUST BE TICKED AND AGREED TO:

- I have read and understand the privacy and consent policy
- I understand that this is not a bulk-billing clinic, so fees may apply
- I understand that if for some reason I need to cancel or postpone my appointment, I will provide at least 8 hours' notice or I will be charged a cancellation fee, in accordance with GO2 Health cancellation policy

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above.

Patient name: _____

Parent/guardian name (if patient is under 16 years) _____

Signature: _____ Date: _____