

## Consent and Privacy Acknowledgement

Please read and sign.

### How we use your information

We collect health information to provide safe care, coordinate with other health practitioners when authorised, and meet legal and professional obligations. Your information is stored securely and you can request access or corrections.

### Your consent

- I consent to the collection and use of my health information for care.
- I consent to sharing relevant information with other practitioners involved in my care.
- I consent to appointment reminders by phone, SMS, or email.

### Acknowledgement

I understand that treatment options, risks, and benefits will be discussed during consultation and no specific outcome is guaranteed.

Patient name \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Signature \_\_\_\_\_