



## Aspire Nutrition Studio

### Consent for Services and Cancellation Policy

#### Consent for Services

Consent to the collection, use and disclosure of your personal and sensitive information is required for Aspire Nutrition Studio to provide you with high quality of supports.

You consent to us collecting your information and using this to:

- Using your information to talk with you about, or organise your health care
- Using your information to diagnose or treat a health condition or disability
- Sharing relevant information with appropriate staff, specialists and other healthcare providers as necessary
- Using your information to improve the services we provide
- Using de-identified information for reporting or training purposes
- Using or disclosing your information as required by law or justified by permitted general situations and permitted health situations in the Australian Privacy Principles Act 1988.

This consent will last until it is no longer required for the above reasons, or until revoked by you. If we are unable to collect information required to undertake this purpose, we will be unable to provide or facilitate access to health services on an ongoing basis.

#### Cancellation Policy

You agree to do your best to attend appointments or to let us know as soon as possible if you can't make a scheduled appointment. We ask you to give us:

- at least **72 hours' notice** if you can't make an appointment scheduled at your home, or
- at least **24 hours' notice** if you can't make an appointment you have scheduled at one of our facilities, service centres or via telehealth.
- Notification of cancellation must be provided in writing, either via email to [carla@aspirenutrition.com.au](mailto:carla@aspirenutrition.com.au) or text to 0447 271 003

Aspire Nutrition Studio reserve the right to charge a cancellation fee of equal to your full priced appointment fee if you do not provide the minimum notice period as outline above.

☐ I consent to the use of email communication between Aspire Nutrition Studio, myself, and other service providers.

By signing this document, you are consenting for the collection and use of your information and agreeing with the cancellation policy.

Client name: \_\_\_\_\_

Client date of birth: \_\_\_\_\_

Client signature: \_\_\_\_\_