**Minimum Nutrition**
Nutrition Education & Counselling

Email: donna@minimumnutrition.com.au

# New Client Registration, Privacy & Consent Form

Minimum Nutrition aims to provide clients with the best possible nutrition care. For this to occur, health information must be accurate and up-to-date. Please assist with this and complete the following information:

First Name: _____ Surname: _____

DOB: _____ Age: _____ Gender: _____

Address: _____

Phone: (home) _____ (mobile) _____

Email: _____

Usual GP & Clinic: _____

## Privacy and Information Collection Consent

In order to provide quality service and thorough assessment, Minimum Nutrition will require to collect some personal information from you. If you do not provide this information, we may be unable to treat you. This information will be used for the following:

- Administrative purposes and billing
- Disclosure of information to your doctors, other health professionals or to teachers to facilitate communication and best possible care for you
- Possible research or statistical analysis that allows us to provide improved healthcare

Minimum Nutrition has a Privacy Policy providing guidelines on the collection, use, disclosure and security of your information. It contains information on how to request access to, and correction of, your personal information and complaint procedures.
To ensure quality health care and treatment can be provided, information about your health/nutrition/dietetic assessment, diagnosis, intervention and progress may be given to other relevant service providers, who are involved in your management. These may include your doctor, medical specialists, allied health professionals, teachers and insurers.

I understand and accept that:
- It is my choice as to what information I provide and that withholding or falsifying information may be against the best interests of my assessment and progress;
- I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate; and
- If in exceptional circumstances, access is denied for legitimate purposes, that the reasons and possible remedies will be made available.

**Phone, Video, Email and Text Message Communication Consent**

The risks of communicating by phone, video, email and/or text message (SMS) include but are not limited to:

- Email and text messages can be circulated, forwarded and stored in paper and electronic files;
- Backup copies of email/text may exist even after the sender or recipient has deleted his/her copy;
- Senders can easily misaddress an email/text, or email/text can be received by unintended recipients;
- Emails and texts can be intercepted, altered, forwarded or used without authorisation or detection;
- Employers and online services have a right to archive and inspect emails sent through their systems;
- Emails/texts may not be secure and therefore it is possible that the confidentiality of such communications maybe breached by a third party.
- Mobile phone coverage and/or service quality may be limited and/or less reliable during times of peak usage, high demand and/or in regional, rural or remote areas. Video communications rely on internet or Wi-Fi connections, which may also be less reliable or lower quality for the above reasons.

I have read, understand and agree to the following terms and conditions:

- I give consent for myself/my child to receive Nutrition services from Minimum Nutrition.
- I understand that payment in full is required at time of appointment. Minimum Nutrition is not a Medicare provider and full fees are outlined on the *Schedule of Fees* provided.
- My/my child's participation in treatment is voluntary and I can withdraw my consent at any time.
- I have informed Minimum Nutrition of any previous or existing medical conditions, allergies or other conditions which may impact or affect my child's/my health and Nutrition care.
- I have been provided with/given opportunity to obtain a copy of the Minimum Nutrition *Privacy Policy*.
- I consent to communication via phone, video, email and/or text message where practical or required for care and/or administrative purposes, I understand the risks of communicating in these ways and that Minimum Nutrition cannot guarantee confidentiality of information transferred in these ways.
- I understand that Minimum Nutrition will take reasonable steps to ensure my privacy and confidentiality throughout all methods of communication and correspondence.
- The Minimum Nutrition Nutritionist will take notes during consultations.
- If I do not attend a scheduled appointment, or if I do not provide at least 24 hours' notice to cancel my appointment, the fee payable is the full cost of this appointment.

I have read, understand and agree to the above information. I understand that I am not obliged to provide any information, but failure to do so may compromise the quality of my/my child's health care and therapy/treatment able to be provided.

Client Name: _____

Parent/Guardian's Name: _____ (if applicable)

Signature: _____ Date: _____