

SECOND SKIN PRIVACY POLICY STATEMENT (AUSTRALIA)

A.B.N.15 009 350 467

Second Skin ('we', 'us', 'our') are committed to preserving the privacy and security of our clients' ('you', 'your') personal information and we are aware of our obligations under the Australian Privacy Principles contained in the Australian Privacy Act 1988 (as amended 2014). Refer to the contact details below.

Using and sharing your personal information

The personal information we process about you will include information about your physical and mental health and condition (including the medical condition(s) you have that are relevant to the services we are providing to you). This information may take many forms such as medical reports written by us and by other health professionals as well as photographs and videos of you and your condition taken by us or other health professionals during your treatment.

We use your personal information to provide, manage and administer the treatment and care for you. If we do not have this personal information, we may not be able to provide, manage or administer that treatment or care for you.

In addition to this, we may also share your personal information:

- with your teachers, doctors, therapists, nursing staff, medical practitioners, rehabilitation providers and other professionals to assist such persons in providing treatment and care to you;
- with any person that you request or permit us to keep informed of our activities in connection
 with you (such as your relatives, guardians, carers or other health professionals, solicitors and
 other legal and professional advisors). If you do not wish us to share your sensitive information
 with any such person, please note the details of such person(s) in the section entitled 'Keeping
 other people informed';
- with our third-party service providers (including their employees, directors and officers) so that they can provide services to us:
- with our other offices within our corporate group which may include sharing information with our office located overseas in the United Kingdom;
- with any actual or potential purchaser of some or all of our business and their professional advisors;
- to comply with any domestic or foreign laws and regulations that apply to us;
- to respond to demands and requests by domestic and foreign regulators, governments and law
 prevention, detection, investigation and enforcement authorities, tax, social or labour
 authorities, customs authorities and other authorities or official bodies, courts, tribunals,
 arbitrators, ombudsmen, mediators and dispute resolution bodies and their representatives, and
 professional and self-regulatory bodies; and
- with additional categories of people set out in Item 4 of the Second Skin Australian Privacy Policy.

The Second Skin Privacy Policy – Australia contains information about how you can access the personal information we hold about you, how you can make a complaint about a breach of the Australian Privacy Principles and how we will deal with your complaint. The Second Skin Privacy Policy - Australia is available in hard copy or on our web site: www.secondskin.com.au.

You can contact us using the details set out below if you have any questions or concerns.

 Second Skin (Perth)
 Second Skin (Sydney)
 Second Skin (Brisbane)
 Second Skin (Melbourne)

 40 O'Malley Street
 1/8 Northcote St
 2/8 Vine Street
 9/202-220 Ferntree Gully

 Osborne Park WA 6017
 St Leonards NSW 2022
 Stones Corner QLD 4120
 Rd Notting Hill VIC 3168

 P: +61 8 9201 9455
 P: +61 2 9386 0812
 P: +61 7 3804 4319
 P: +61 3 8637 0297

CONSENT FORM

PLEASE COMPLETE EITHER A $\underline{\mathsf{OR}}$ B BELOW:

A. Client Consent

the	I have read the Privacy Policy Statement and the Second Skin Privacy Policy the use of my personal information for the purposes set out and in accordance out below and in the Second Skin Privacy Policy - Australia.				
Sigr	Signature DATED thisday or	f20			
Full	Full name (printed)				
В.	Guardian/Parent Consent on behalf of Client				
I am	I am authorised to act on behalf of				
on b	and I have read the Privacy Policy Statement and the Second Skin Privacy F on behalf of the stated client for the use of his/her personal information for the accordance with the preferences set out below.				
	I also consent to my personal information being used to administer this conse of this consent to third parties.	ent and to provide evidence			
Sigr	Signature DATED thisday of.	20			
Full	Full name (printed) Relationship to Client				
KE	KEEPING OTHER PEOPLE INFORMED (PLEASE COMPLETE AS APPRO	PRIATE)			
1.	Irrespective of any request received, I direct you NOT to provide r information to: (please specify name/details)	my / the client's personal			
2.	Privacy Policy – Australia, I consent for you to disclose my / the clien (please specify name / contact details) in the course of keeping them activities with me / the client.	t's personal information to updated on Second Skin's			

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CLIENT CONSENT FOR ADDITIONAL PURPOSES

EXTRA CONSENTS (PLEASE COMPLETE AS APPROPRIATE)

Client Consent for Additional Purposes

Occasionally Second Skin may wish to use a client's personal information for the purposes set out below. Please indicate for which (if any) of the purposes below you give your consent for Second Skin to use your personal information (please circle your preference for each statement).

- 1. *I do / don't* give consent for Second Skin to use my / the client's personal information (which may include my health information) in providing research, evaluation, training, and education by Second Skin for their staff.
- 2. *I do / don't* give consent for Second Skin and their staff to use my / the client's personal information (which may include my health information) to provide practical education and training to third party medical practitioners, rehabilitation providers or other healthcare professionals.

SECOND SKIN NEWSLETTER						
I give my consent for my email to be included on the Second Skin mailing list to receive the regular newsletter and Second Skin news. I understand I can opt out at any time.						
	☐ Yes	□ No				
Email address:						
Date:						
			—			
I would like to receive a copy of my sig	ned consent form	and the Privacy Policy.				
	□ Yes	□ No				
Email or Mail Address:			_			