Name:
HCF Member number:
Address:

THE COACH PROGRAM® – COLLECTION NOTICE AND CONSENT FORM

To get started, HCF needs your permission to collect, use and disclose some of your personal information and sensitive information (including health information).

Personal information is broadly, any information about or relating to you where you are identified by HCF, or can be identified. Sensitive information is a special subset of personal information which includes your health information.

1. Before signing this form, please note that:

   a) HCF collects your personal information (including your health information) for the purposes of providing The COACH Program to you, and for evaluation and quality assurance. We also use your personal information (including health information) to identify and inform you about health resources that may be useful to you.

   b) HCF always endeavours to collect your personal information directly from you when you participate in The COACH Program, however we may also collect information from your healthcare providers (see 2 below).

   c) Health information HCF collects from you won't affect your health insurance premiums in any way whatsoever.

2. By signing this form, you authorise HCF to:

   a) during your participation in The COACH Program, provide copies of communications between you and HCF, and other information about your participation in the program, to your doctor(s) or healthcare provider(s), unless you tell us otherwise

   b) obtain your relevant pathology test results from your healthcare provider or pathology services provider while you're participating in the program, unless you tell us otherwise

   c) for quality assurance purposes, record telephone calls and store the recording securely, unless you tell us otherwise

   d) retain your information for quality assessment purposes to review how well the program is working

   e) disclose your personal information (including health information) to The COACH Program Pty Limited, from which HCF has licenced The COACH Program, to:

      - ensure the program is effectively governed.
      - enable The COACH Program Pty Limited to provide services to HCF to support HCF's delivery of the program; and
      - enable The COACH Program Pty Limited to conduct research into, and evaluate the effectiveness of, The COACH Program. The COACH Program Pty Limited may publish the results of such research, but any information about participants in The COACH Program will be de-identified before publication.

3. The consequence of HCF not being provided consent to collect, use and disclose your personal information (including health information) as described in this consent form is that HCF would not be able to offer you the full health coaching service.

4. How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 13 34** or go to **hcf.com.au**

Acknowledgement

I have read and understood, and consent to the above collection, use and disclosure of my personal and health information.

Name:_____

Signature:_____

Date:_____

Best contact number: _____

Email address: _____

Return this form either by:
Email to coach@hcf.com.au, by post to:
HCF – Coach Program
Reply Paid 4242
GPO Box 4242, Sydney NSW 2001

Or faxed to 02 8296 4646

THE COACH PROGRAM – HELP US TO HELP YOU

NAME: _____

During our first session we will be collecting information from you to help us give you individualised advice. To help us get started, it would be great if you can fill in the information below and send it to us at least 2 days before your first session.

PATHOLOGY – Please provide the name of the **PATHOLOGY LAB** you went to most recently:

PATHOLOGY LAB:	

MEASUREMENTS – Please provide the following measurements (if known):

HEIGHT:		**WEIGHT:**		***WAIST:**	
BLOOD PRESSURE:					

**Measure around your navel.*

DOCTORS DETAILS – Please fill in your doctors' details below:

DOCTOR'S NAME	ADDRESS OR CLINIC NAME	CONTACT NUMBER
GENERAL PRACTITIONER		
CARDIOLOGIST		

MEDICATIONS – Please list your regular medications below:

MEDICATION	DOSE	WHEN TAKEN (breakfast, lunch, dinner, bedtime)	WHEN STARTED