

PRIVACY NOTICE AND CONSENT FORM

Client Detai	ls:			
Title: □ Mr	☐ Mrs	□Ms	☐ Miss	Home Phone:
Full Name:				
Address:				
PURPOSE OF I	NFORMATIC	N COLLECTI	ON	
needs are	e met, and so	chedule futu	re visits. Your co	nearing tests, follow up with your post-appointment to ensure your insent to this data collection is essential for us to provide our services inal information may hinder our ability to serve you.
APPLICATION	FOR AUSTRA	ALIAN GOVE	RNMENT HEARII	NG SERVICES PROGRAM
To access personal	s services thr details from	ough the Au you and sha	stralian Governr re this informati	ment Hearing Services Program, we may need to collect specific ion with the Department of Health after obtaining your consent.
DATA FROM H	HEARING AID	S AND APPS	& INTERNATIO	NAL DISCLOSURE OF PERSONAL INFORMATION:
environm or produ Some of practices	nental noise cts. We may our affiliates s to safeguard	levels. This o share anony and Hearing d your perso	lata helps us unc mized data with g Aid providers m nal information.	Is may automatically store usage data, like daily hours of use and derstand your habits and preferences to recommend tailored services hearing aid manufacturers. Inay be located overseas. These entities adhere to data protection For comprehensive information on our privacy practices and how we able at www.deltahearing.com.au/privacy-policy.
CONSENT FOR	R TELEPHONE	CONTACT		
confirm a consent l phone co For any i	appointment has no expiry ommunicatio nquiries or co	s, or address /. If you are r ns, please in oncerns rega	s product mainte not the primary a form us.	to reach out to you via phone to discuss future service provisions, enance. By visiting us, you consent to receiving such calls, and this account holder for the provided phone number or wish to opt out of atters, contact our Privacy Officer at Delta Hearing, located at 186 5056.
Visit http	s://www.de	Itahearing.co	m.au/privacy-po	olicy for our full Privacy Policy.
I consent to the number in accordance	ne collection cordance wit	, use, disclos h this Privac	ure and handlin y Notice and Co	g of my personal information and to the use of my telephone nsent Form.
Client Na	ame:			Signature:
Date:				