

1. Acknowledgment of Telehealth Services. I acknowledge that I am engaging with healthcare services via a **telehealth platform facilitated by Optimise You Pty Ltd (ABN 41 634 198 694)**.

I understand that:

- * Consultations are conducted remotely (video, phone, or digital communication)
- * Physical examination is not possible.
- * Diagnosis and treatment decisions are based on information I provide.

2. No Guarantee of Outcomes.

I understand and acknowledge that:

- * Medical treatments, including HRT, TRT, peptides, and compounded medications, can carry inherent risks
- * Outcomes are not guaranteed.
- * Results may vary between individuals, physiologically some people respond differently to some treatments.

3. Clinical Independence

I acknowledge that:

- * All medical decisions are made by independent healthcare practitioners.
- * Optimise You does not provide medical advice or control clinical decisions.
- * Prescriptions may be approved, modified, or refused at the clinician's discretion.

4. Compounded Medications

I understand that:

- * Some prescribed medications may be **compounded**
- * Compounded medications are not always evaluated by the TGA in the same manner as registered medicines.
- * There may be risks associated with preparation, consistency, and administration.

I understand the complexity in this procedure and I accept these risks.

5. Disclosure of Medical Information

I confirm that:

- * All information I provide to "Optimise You" and its partnered Clinicians is accurate, complete, and truthful.
- * I have disclosed all relevant medical conditions, medications, and history
- * I understand that failure to disclose information may impact treatment safety

6. Risks and Side Effects

I acknowledge that treatments may involve:

- * Hormonal changes
- * Side effects or adverse reactions
- * Unknown or unpredictable outcomes

I accept full responsibility for monitoring my condition and seeking medical attention if required.

7. Emergency Situations

I understand that:

- * Optimise You is ****not an emergency service****
- * In case of emergency, I must contact:
 - * 000 (Australia emergency services)
 - * My local GP or hospital

8. Privacy and Data Use I

consent to:

- * Collection and use of my personal and health information
- * Sharing of information with clinicians, pharmacies, and relevant providers
- * Storage of my data in accordance with the Privacy Policy

9. Financial Consent

I acknowledge that:

- * Fees apply for consultations and services
- * Payment does not guarantee treatment or prescription
- * Refunds are limited and subject to policy

10. Voluntary Participation

I confirm that:

- * I am participating voluntarily
- * I have had the opportunity to ask any questions that came to mind
- * I understand the nature, risks, and limitations of services

11. Consent

By proceeding, I confirm that:

- * I have read and understood this Consent Form
- * I agree to the Terms of Service and Privacy Policy
- * I provide informed consent to receive telehealth services

* **Full Name:** _____

* **Date:** _____

* **Signature (Digital Acceptance):** _____

