



## DATA PROTECTION NOTICE

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 Data Protection Act 2018, the General Data Protection Regulation (GDPR) 2017 and the Australian Privacy Principles contained in the Australian Privacy Act 2014.

### Lawful basis for processing your personal information

We require your informed consent to be able to process your personal information to provide the necessary services and products to meet your needs. Your consent is also required for us to transfer your information to our head office in Australia where our products are designed and manufactured.

### 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 the course of your treatment.

### We use your personal information to provide, manage and administer the treatment and 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 your relatives, guardians or other persons associated with you. **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 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; and
- 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.

### Transfers of your personal information to Australia

As we are an Australian company, we need to transfer your personal information out of the EEA to Australia so that we can provide our services to you and fabricate your splint or garment. Even after such transfer, we will process, use and protect your personal information in accordance with our Personal Information Management Policy, the UK Data Protection Act 2018, the GDPR 2017 and the Australian Privacy Principles contained in the Australian Privacy Act 2014.

**For the complete Data Protection Statement please refer to the printed copy available from the Clinic Coordinator or on our web site: [www.secondskin.com.au](http://www.secondskin.com.au).**

**If you have any questions regarding how we process your information, please contact us:  
Second Skin, London:**

P: +44 203 627 9937

E: [london@secondskin.com.au](mailto:london@secondskin.com.au)

Data Protection Notice & Consent Form UK-CCM_F-001 Rev 4	Page 1 of 3
Approval Date: 10/10/2019	

**CONSENT FORM**

**PLEASE COMPLETE EITHER A OR B BELOW:**

**A. Client Consent**

I have read the Data Protection Notice and consent to the use of my personal information for the purposes set out.

\_\_\_\_\_ DATED this..... day of .....20.....  
Signature

\_\_\_\_\_  
Full Name (Printed)

**B. Guardian/Parent Consent on behalf of Client**

I am authorised to act on behalf of .....  
Client Name (printed)

and I have read the Data Protection Notice. I consent on behalf of the stated client for the use of his / her personal information for the purposes set out.

I also consent to my personal information being used to administer this consent and to provide evidence of this consent to third parties.

\_\_\_\_\_ DATED this..... day of .....20.....  
Signature

\_\_\_\_\_ Relationship to Client  
Full Name (Printed)

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**KEEPING OTHER PEOPLE INFORMED (PLEASE COMPLETE AS APPROPRIATE)**

1. Irrespective of any request received, I direct you NOT to provide my / the client's personal information to: (please specify name/details)

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.....

2. In addition to the categories of people set out in this Data Protection Notice, I consent for you to disclose my / the client's personal information to the following people to keep them updated on Second Skin's activities with me / the client. Please specify name / contact details.

.....  
.....  
.....

I would like to receive a copy of my signed consent form and the Privacy Statement.

**Yes**       **No**

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## CLIENT CONSENT FOR ADDITIONAL PURPOSES

### EXTRA CONSENTS (PLEASE COMPLETE AS APPROPRIATE)

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 personal 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 personal information to provide practical education and training to third party medical practitioners, rehabilitation providers or other healthcare professionals.
3. ***I do / don't*** give consent for Second Skin to share comparison photos with my treating therapist, specialist or funding body if requested.

**Please be assured your personal information WILL NOT be used for marketing purposes without your specific consent on the information and / or photographs to be used.**

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### 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. Please circle your response.

**Yes                      No**

Email address: .....

Date: .....