Heart Health Program
CONFIDENTIALITY AND CONSENT DEED

I, ... (participant name)

Address .....

Home phone ..... Mobile .....

Email ..... D.O.B .....

a) Acknowledge and understand that, as a participant in the Heart Health Program delivered by Corporate Health Management (CHM) on behalf of the Department of Veterans' Affairs (DVA), I may become aware of confidential or personal information relating to other participants due to the nature of the group program's delivery.

b) Agree that if participating in a group program:

i. to keep any confidential or personal information obtained through my participation in the program confidential;

ii. not to disclose, copy or use any confidential or personal information obtained through my participation unless authorised by the DVA or the owner of the information; and

iii. to indemnify the DVA and CHM against any loss arising from a breach of this Deed by me.

c) Consent to the DVA using de-identified information collected through the program for research, evaluation and reporting purposes to assess population-level outcomes and program effectiveness.

d) Acknowledge and understand that my eligibility for this program will be assessed against the current eligibility criteria using information I provide to CHM, which may be verified with the DVA, including my full name, date of birth and service history.

e) Acknowledge and understand that participation in the Heart Health Program involves physical activity and acknowledge that I have obtained, or will obtain, medical clearance from my general practitioner and any other relevant health professional, or provide a medical waiver (if eligible), before participating in the program.

f) Confirm that I have informed CHM of any relevant issues affecting my ability to participate in physical activity.

g) Acknowledge and understand that there are risks associated with participating in the program.

h) Acknowledge and understand that neither the DVA nor CHM accepts responsibility for any injury that may arise from my participation in the Heart Health Program, except where liability cannot be excluded by law.

i) Acknowledge and understand that information relating to my medical history will only be disclosed to persons who require access to that information for the purpose of administering and delivering the program.

j) Acknowledge and understand that I should attend at least 80% of group program activities or health coaching calls during my participation in the program.

☐ **Tick to confirm you have read and agree to the above**

continued over

Return via post to:
Heart Health Program Co-ordinator | Corporate Health Management | Reply Paid 91825, Tullamarine VIC 3043
Return via email to:
hearthealth@chm.com.au

Heart Health Program
ELIGIBILITY DECLARATION

I declare that I am an (tick all appropriate):

- ☐ **Australian Defence Force (ADF) Veteran** and / or
- ☐ **Peacekeeper** and / or
- ☐ **Covered by the ADF Firefighters Scheme**

I served in the ADF from ..... (year) to ..... (year) and served overseas in

..... (country) from ..... (year) to ..... (year)

..... (country) from ..... (year) to ..... (year)

and / or

I was a peacekeeper from ..... (year) to ..... (year) on a peacekeeping mission in

..... (country) from ..... (year) to ..... (year)

..... (country) from ..... (year) to ..... (year)

EXECUTED BY THE SIGNATORY AS A DEED
SIGNED SEALED AND DELIVERED by:

Name of the signatory:

Signature:

Date: / /

IN THE PRESENCE OF:

Name of the witness:

Signature:

Date: / /

OFFICE USE ONLY

Client Number: ☐☐☐☐☐ Group Code: ☐☐☐☐☐