



DIRECT DEBIT REQUEST FORM

For Business: AIM Natural Healthcare ABN: 79 337 124 950

New Customer Authorisation Agreement

Please provide the information below:

Client Name: ERIN DENNY
Billing Address: 43 WEST ST, NORTH SYDNEY 2060
Contact Email: erinkdenny@gmail.com
Contact Email: _____ Supplier Name and Account Number: _____

We [AIM Natural Healthcare] request and authorise Latpay (User ID - 613606) to arrange through its own financial institution, a debit to your nominated account, the amount listed below that Latpay has deemed payable by you (the client).

Debit Arrangement

Regular debits starting on date: Fri 9 June 2023 Debit this amount: 150.00

Frequency:

- ☐ Weekly
☒ Fortnightly
☐ Monthly
☐ Quarterly

Duration:

- ☐ Continue regular debits until further notice (minimum of _____ debits)
☒ Until I have paid 6 debits

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Services Agreement

Section 1- Details of Bank Account to be debited

Name of Financial Institution: WESTPAC
Address of Financial Institution: _____
Account Name: ERIN K. DENNY
BSB Number (6 digits) 732040 Account Number: 593633



Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Lateral Payment Solutions Pty Ltd t/as Latpay** as set out in this Request and in your Direct Debit Request Service Agreement.

Signed Customer:

Signature

Print Name:

Evin Denny

Signed Business:

Signature

Print Name:

Amy Phillips

Please carefully review this entire disclaimer. This disclaimer contains important information, rules and disclaimers regarding your participation in the Metabolic Balance® program. Please sign with your full name and signature at the end of this disclaimer.

You understand and agree that you should discuss with your GP or primary healthcare physician your intention to follow dietary changes with Metabolic Balance. During the program you are advised to consult with your primary healthcare physician and stay under medical supervision.

Typical contraindications for **not** being able to participate in the metabolic balance® are:

- Pregnancy. If you become pregnant during the program, you must stop the program and can continue after the pregnancy.
- Any other health condition or disease that may be affected adversely by weight loss, eating whole fresh foods or drinking water.

The Metabolic Balance® program is a natural wellness and weight loss program promoting a balanced metabolism through customised personal nutritional adjustments. All foods recommended are natural. Other than recommending customary multivitamin and mineral supplements, there are no pills, powders, chemicals or medications added to your nutrition. Usually, the metabolic balance® program has no serious side effects. However, certain health risks have been associated with weight loss. Any dietary change or weight-loss program may cause conditions such as constipation, dizziness, diarrhea, dry or cold skin, gout, hair loss, headaches, irregular/stopping/starting of menstruation, muscle cramping, loss of lean body mass, and reduced tolerance to cold. These are just examples; other symptoms and conditions may also occur. All aspects of the program may be adjusted by you to suit your personal circumstances, energy requirements and health status. You are advised to discuss any adjustments with your personal Metabolic Balance coach.

The metabolic balance® program promotes a gentle and natural way to improve, and in some cases possibly restore, your metabolic balance, wellness and health. In the event that you are experiencing any medical problems or adverse changes, you must suspend the diet immediately, seek medical attention and notify your personal physician and your metabolic balance® consultant.

The metabolic balance® program cannot guarantee, but has shown, in certain cases, improvements in the following conditions:

- Lowered Blood Pressure
- Lowered Glucose Levels
- Lowered Cholesterol Levels
- Improved Liver functions

If you are on certain medications for the regulation of these or other medical conditions, have your physician monitor your values regularly (a weekly basis is recommended) for any needed adjustments of your medication. The metabolic balance® program is an all-natural nutritional consulting program. We will not give, and you will not receive, any medical advice from metabolic balance® or any of its employees or associates.

The required lab work will not be examined for any purpose other than preparing your personal metabolic balance® nutritional plan. metabolic balance®, its employees and associates are not responsible for medical evaluation of lab values provided by you. You are advised and it is your responsibility to have your doctor evaluate your lab work to ensure proper medical evaluation. Please ensure that you do not have your pathology taken within 2 weeks of receiving a vaccine.

The metabolic balance® nutritional plan you will receive, is customized for your personal needs, based on your lab values. You cannot share the plan with another person, as that person will not benefit from your plan and might experience adverse results. There are no guaranteed results with Metabolic Balance. The effectiveness of dietary changes is dependent on individual health and adherence to the dietary program.

All program costs are to be paid in full prior to starting your program unless agreed otherwise. All costs associated with Metabolic Balance are non-refundable and non-transferable. A Metabolic Balance plan is only available as part of a fully supported package of consultations agreed with your practitioner. All consultations within the package of consultations must be used within 12 months from the date your Metabolic Balance plan was generated. Consultation times not used after 12 months are forfeited.

I have read, understood, and agreed to all information, rules and disclaimers contained in this document. I hereby consent to participate in the metabolic balance® program accordingly.

Participant Name (please print clearly)

Signature

Name of Metabolic Balance® Coach

Date

One original of this acknowledgement page must be retained in the client's record. **If acknowledgement could not be obtained from the client, the client may not participate in the metabolic balance® all natural weight management program.**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION Please review it carefully. If required, contact your coach for further clarifications.

WHO WILL FOLLOW THIS NOTICE?

Metabolic Balance® is not a health plan, health care provider or medical facility but does adhere to this notice of privacy practices. This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting your health information. We create a record of the services you receive from us. We need this record to provide you with quality service and to comply with certain legal requirements. This notice applies to all of the records generated by this dietary advisory company to service you, whether made by your personal counsellor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. By requesting dietary advice, you give us the right to use your information for services, to get reimbursed for services rendered to you, and to operate our organization.

- You authorize that your personal health information will be shared with Metabolic Balance GmbH, Germany, all its employees and associates to create your personal dietary plan and other uses such as quality control.

There are also various other ways in which we may use or disclose your information:

- As required by subpoena in lawsuits and disputes
- Various uses as required by law or to avert a serious threat to health or safety

OTHER USES OF HEALTH INFORMATION. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

We may also use or disclose your personal health information for the following purposes:

- To contact you to remind you by phone or e-mail of an appointment for treatment or to contact you by mail or e-mail of the need for you to contact us about making an appointment.
- To contact you to describe or recommend alternative services that may be of benefit to you

Incidental Uses and Disclosures: Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more than is necessary to accomplish the permitted use or disclosure.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

- Right to inspect and copy
- Right to amend information you have supplied to us
- Right to an accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice

Information on how to exercise these can be obtained from your coach.

CHANGES TO THIS NOTICE: We reserve the right to change this notice.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact your coach. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I acknowledge that I have received the Metabolic Balance® Notice of Privacy Practices and agree to it.

Signature



Participant Name (please print clearly)

Erin Denny

Date

3/6/23

Name of Metabolic Balance® Coach

Amy Phillips

3/6/23

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