



# Secure Start™ Service

## Peace of mind for your patients with a comprehensive patient support service.

Secure Start Service by Dansac offers a lifetime of **customised support** for people living with an ostomy, regardless of the brand of product used.

### Enrol Today



Please complete this form with as much information as possible. Your nurse can help you with this.



If you have any questions or concerns, contact Dansac Customer Care on **1800 880 851**



To return this form, please scan and email to **priority@dansac.com.au**



### Territory Manager Details

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

# Secure Start™ Consent Form

## Contact Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Surgery Details

Surgery Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Stoma Type: Colostomy Ileostomy Urostomy Dual Stoma My stoma is: Temporary Permanent

Hospital: \_\_\_\_\_ Stoma Nurse Name: \_\_\_\_\_

My nurse would like updates on progress via Secure Start

Product:	One-Piece	Two-Piece	Barrier:	Convex	Soft Convex	Flat	Pouch:	Closed	Drainable	Tap
----------	-----------	-----------	----------	--------	-------------	------	--------	--------	-----------	-----

Pouch Manufacturer: \_\_\_\_\_ Name of Current Pouch: \_\_\_\_\_

Product Code(s): *(list all)* \_\_\_\_\_

Any other products given: TRE Seals Stoma Powder Remover Wipe/Spray Extenders Other: \_\_\_\_\_

Ostomy Association: *(if known)* \_\_\_\_\_

Other Relevant Info: \_\_\_\_\_

## Dansac is transparent about how we use your personal data

**PRIVACY STATEMENT:** For the purpose of enrolling in a free consumer service program and receiving the associated membership benefits, I consent to the processing of my personal identification, communication preference, health information, product information, third party information, transactional information, and request details. I understand that these services are free of charge, and there is no obligation to purchase anything to receive them. I understand that I am under no obligation to participate in any/ all of the applicable membership benefits, such as assistance identifying product supplier options, and receiving product samples and other complimentary items. I understand that Dansac may communicate with me about consumer services, or as part of a membership benefit, using the contact information (postal address, email, phone, & sms text) that I have provided. Dansac reserves the right to change the consumer service programs (Secure Start) at any time. Dansac may also share my personal and health information with my nurse, doctor, healthcare product supplier, other healthcare professional or other third parties as indicated in the data privacy notice, which is attached to this form and can also be found at: [www.dansac.com.au](http://www.dansac.com.au). Your consent is optional and you have the right to withdraw it at any time. To withdraw your consent or to make changes to your communication preferences, contact us at [priority@dansac.com.au](mailto:priority@dansac.com.au) and/ or 1800 880 851. Such withdrawal only has future effect (i.e. the withdrawal of your consent has no effect on the lawfulness of the data processing and disclosures before the withdrawal was made). If you no longer wish for Liberty Medical to contact you or share your information, you may opt-out at any time by calling 1800 880 851, Monday through Friday, 8:30 a.m. to 5:00 p.m. AEST or e-mailing [priority@dansac.com.au](mailto:priority@dansac.com.au).

I agree to the privacy statement above, and consent to enrol in the Secure Start Service and to the transmission of this form to Liberty Medical and Dansac.

I want to be a member of your Secure Start Program

Signature \_\_\_\_\_ Date \_\_\_\_\_