

Client Service Agreement

POST-OPERATIVE AFTERCARE SERVICES

This Agreement is between **LAAC Pty Ltd (ABN 43 701 231 085)**, trading as **Comfort Through Care** ("Comfort Through Care", "we", "us") and the Client named in Schedule 1 ("you", "the Client"), together with that Schedule.

1. Background

1.1 Comfort Through Care provides private, in-home post-operative nursing aftercare to clients recovering from cosmetic surgery, delivered by a Registered Nurse registered with the Australian Health Practitioner Regulation Agency (AHPRA).

1.2 This Agreement sets out the terms on which we provide the aftercare package or individualised recovery plan selected in Schedule 1 (the "Services").

2. The Services

2.1 The Services are limited to the inclusions set out in Schedule 1. We will confirm the visit schedule with you directly.

2.2 For your safety, the following are not part of the Services and are outside our current insured scope of practice:

- Aftercare for facial thread-lifting procedures
- Overnight care
- Cosmetic injectables, laser therapy, or any surgical or cosmetic procedure
- Prescribing, or altering a prescription

2.3 The Services are aftercare support only. They do not replace, and are not a substitute for, the follow-up care provided by your treating surgeon, and nothing we do overrides your surgeon's own post-operative instructions.

2.4 Within your selected package or plan, your care may include wound assessment and dressing changes, surgical drain management, suture removal, post-operative observations, compression garment fitting, administration of medication prescribed for you, recovery guidance, and escalation to your treating surgeon or emergency services where clinically indicated.

2.5 We keep concise visit notes for each visit, including any instructions or warnings given to you, to support the continuity and safety of your care.

3. Term

3.1 This Agreement begins on the date both parties sign it and continues until the Services in Schedule 1 have been completed, or either party ends it under clause 11.

4. Fees and payment

4.1 Every client receives care based on their individual recovery needs. The fee for your care, whether a package, an individualised recovery plan or individual visits, is agreed with you before care begins and is set out in Schedule 1.

4.2 A deposit of 20% must be paid to confirm your requested dates. You must settle the outstanding balance prior to your initial visit, except where alternative arrangements have been confirmed by us in writing. We are unable to schedule or commence care until payment has been received and cleared.

4.3 LAAC Pty Ltd is not currently registered for GST. No GST is included in, or payable on, the fee.

4.4 If your procedure or recovery needs care beyond what is set out in Schedule 1, we will discuss and agree to any additional fee with you before providing it. Current rates for individual visits and add-ons are:

Individual visit or add-on	Fee
Single or extra day visit (up to 5 hours)	\$850
Single or extra check-in visit (15–60 minutes)	\$160
Time beyond a check-in's standard window	\$150 per hour, pro-rated

4.5 We are not a registered health fund provider and our services are not claimable through Medicare. Some private health funds may contribute towards in-home nursing — please check directly with your fund. We can provide an itemised invoice on request.

5. Cancellations and rescheduling

5.1 We understand recovery timelines can shift. Please give us as much notice as possible if a visit needs to be rescheduled.

5.2 Visits cancelled with less than 48 hours' notice may incur a fee of 25% of the value of that visit. We may waive this where the cancellation is for a clinical reason outside your control.

5.3 If your surgery is postponed or cancelled, or your surgeon advises that our care is no longer appropriate, we will reschedule your care at no charge or refund it in full. We will not penalise you for a change in your clinical circumstances.

5.4 If we are unable to attend a scheduled visit, we will tell you as soon as possible and will either reschedule at a time that suits you or refund the value of that visit. If we cannot deliver your care at all, we will refund it in full.

6. Your responsibilities

6.1 To help us care for you safely, you agree to:

- Give us accurate and complete information about your medical history, medications, allergies and procedure, including any changes
- Provide us with your treating surgeon's post-operative instructions and contact details
- Follow your treating surgeon's post-operative instructions
- Provide a safe, reasonably accessible environment for home visits, and let us know in advance about any pets, other people who may be present, access arrangements, or other safety considerations at the property
- Tell us promptly about any change in your condition between visits
- Treat our nurse with courtesy and respect

6.2 We rely on the accuracy of the information you give us to plan your care.

7. Escalation and your treating surgeon

7.1 If, during a visit, we identify something that needs your surgeon's attention, we will contact your treating surgeon or clinic directly and, where appropriate, advise you to seek urgent medical attention. We do not manage surgical complications independently. We maintain a documented escalation process for managing any urgent clinical concern that arises during a visit.

7.2 In a medical emergency, call 000 immediately, before contacting us.

8. Privacy and confidentiality

8.1 We collect and handle your personal and health information in line with our Privacy Policy, a copy of which is provided with this Agreement and is available on request at any time.

8.2 By signing this Agreement, you consent to us sharing clinically relevant updates with your treating surgeon or clinic as described in that policy.

8.3 No fee or other benefit is paid or received by Comfort Through Care for client referrals in either direction.

8.4 We will not contact your family members or any other third party about your care without your prior written authority, except where necessary to respond to a medical emergency.

8.5 We take reasonable steps to store your personal, health and progress information — including visit notes and progress photographs — securely, and to protect it from unauthorised access, loss or misuse.

9. Insurance

9.1 Comfort Through Care holds professional indemnity and medical malpractice insurance in connection with the Services.

10. Limitation of liability

10.1 Nothing in this Agreement excludes, restricts or modifies any consumer guarantee, right or remedy you have under the Australian Consumer Law or any other law that cannot lawfully be excluded, restricted or modified.

10.2 Subject to clause 10.1, and to the maximum extent the law allows, Comfort Through Care's total liability for any loss arising from this Agreement that is not covered by clause 10.1 is limited to 1.5 times the fees paid or payable for the relevant booking.

10.3 We are not liable for any loss to the extent it results from inaccurate or incomplete information you provided to us, or from your not following your treating surgeon's instructions.

Nothing in this Agreement excludes, restricts or modifies any right or remedy you have under the Australian Consumer Law. Our services come with guarantees that cannot be excluded — including that they will be provided with due care and skill.

11. Ending this Agreement

11.1 Either party may end this Agreement by written notice if the other party materially breaches it and does not fix the breach within 7 days of being asked to.

11.2 We may also end this Agreement immediately if we reasonably believe continuing would be unsafe for you or our staff, or if your clinical needs exceed the scope of what we are qualified and insured to provide.

11.3 Ending this Agreement does not affect fees already payable for Services already provided. We will refund the unused portion of your fees and, where appropriate, notify your treating surgeon so your ongoing care is not interrupted.

12. Complaints

12.1 If you're unhappy with any part of the Services, please contact us at admin@comfortthroughcare.com.au or 0410 317 352 so we can address it directly. Our Complaints Handling Policy is available on request.

12.2 You may also contact the Health Care Complaints Commission (NSW) on 1800 043 159 or AHPRA on 1300 419 495 at any time. Raising a concern with us does not affect your right to do so.

13. Photography

13.1 With your consent, we may take clinical photographs of the surgical site to monitor your recovery. These form part of the progress records we keep to support your aftercare, and are stored securely.

13.2 We will never use your images for marketing, social media, advertising or any other purpose without your separate, specific and written consent, which you may withdraw at any time.

14. General

14.1 This Agreement is governed by the laws of New South Wales, Australia.

14.2 This Agreement, including Schedule 1, is the entire agreement between the parties about the Services, and can only be varied in writing signed by both parties.

14.3 If any part of this Agreement is found to be unenforceable, the remainder continues to apply.

Schedule 1 — Your care

Client full name

Client address

Procedure(s)

Date of surgery

Treating surgeon

Care selected

Our packages are a guide only. Every recovery is different, so your care may instead be set out as an individualised recovery plan or individual visits, agreed with you before care begins.

Select	Option	Visits included
☐	Essential — first 72 hours	Day 1 and Day 2 day visits (up to 5 hrs each); Day 3 check-in (15–60 min)
☐	Standard — first week	Day 1 and Day 2 day visits (up to 5 hrs each); Days 3, 4 and 5 check-ins (15–60 min)
☐	Comprehensive — two-week recovery	Day 1 and Day 2 day visits (up to 5 hrs each); Days 3–6 daily check-ins (15–60 min); Days 9, 11 and 13 check-ins (15–60 min)
☐	Individualised recovery plan or individual visits	As set out below

Individualised plan or individual visits — visit schedule and fee

Agreed add-ons (if any)

Total agreed fee

Care start date

Payment received on

Your fee is agreed before care begins and will not change unless you agree to additional care. No GST is payable.

Signed

By signing below, you confirm that you have read and understood this Agreement, that you have had the opportunity to ask questions, and that you agree to its terms.

CLIENT

FOR LAAC PTY LTD (COMFORT THROUGH CARE)

Signature

Signature

Name (please print)

Name (please print)

Date

Date

A copy of this signed Agreement, together with our Privacy Policy, will be given to you for your records.