



**COMPLAINT TO THE AUSTRALIAN COMPETITION AND
CONSUMER COMMISSION**

Alleged multiple misleading or deceptive representations and material omissions in violation of sections 18 and 29 of Australian Consumer Law (ACL)

Kaleido Health Centre

1. Complainant Details

Name	Catherine Anderson-Karena
Organisation	Active Watchful Waiting Inc. (AWW)
ABN	31 199 239 644
Website	https://www.aww.org.au
Role	Executive Director - Policy Advocacy Organisation
Relationship	Organisation conducting structured informed consent audit of private gender clinics in Australia.

2. Business / Organisation Complained About

Clinic Name	Kaleido Health Centre (ACON Health Centre Limited)
ABN	52 676 923 587
Website	https://kaleidohealth.org.au
Primary Location	Suite 1, 53 Wentworth Ave, Surry Hills NSW 2010
Services	Gender Affirming Hormone Therapy (GP-led), Social Transition Support, Access to Surgery (referrals), Mental Health, Peer Support, Social Work, Warm Referrals
Pages Audited	All publicly accessible pages at https://kaleidohealth.org.au/ including Gender Affirmation service page, Mental Health page, Child, Family & Youth page, and hidden Q&A page discovered via search engine
Audit Dates	3 March - 24 April 2026 (website content retrieved 24 April 2026)

3. Nature of Complaint

Active Watchful Waiting Inc. (AWW) submits this complaint regarding Kaleido Health Centre's public website materials, which contain multiple misleading or deceptive representations and material omissions in violation of sections 18 and 29 of the Australian Consumer Law (ACL).

Kaleido Health Centre operates as a trading name of ACON Health Centre Limited (ABN 52 676 923 587) and provides gender-affirming hormone therapy, mental health services, and surgical referrals to transgender and gender-diverse individuals. The clinic's public website makes unqualified claims about 'evidence-based care' and 'safe' services while systematically omitting material information required for informed consumer decision-making.

Most critically, the clinic confirms via a hidden Q&A page (not accessible through standard website navigation) that it treats 'people of all ages, including young people and those under 18', yet provides zero information about age limits, parental consent requirements, minor-specific protocols, or court processes on its service pages where consumers would expect to find such information.

AWW conducted a comprehensive informed consent audit of Kaleido's public website materials on 24 April 2026¹. The audit methodology was developed in consultation with legal and medical advisers and has been verified by a former ACCC enforcement lawyer. The audit methodology followed ISO 19011 principles applied for objective evidence collection, and website communications were assessed against ISO 9001:2015 clause 7.4 for controlled external information release. The audit assessed the clinic's public disclosures against ACL requirements for clear, prominent, and non-hidden material information.

This complaint alleges the following ACL violations:

1. Hidden age eligibility information: Material information about treating minors is on a Q&A page not accessible via standard navigation (ACL s18, s29(1)(g), s29(1)(l))
2. Unqualified 'evidence-based care' claims without disclosure of evidence uncertainty documented in independent systematic reviews (ACL s18)
3. Complete absence of risk disclosure in public website representations despite offering hormone therapy (ACL s18, s29(1)(g))
4. No disclosure of irreversible effects (ACL s18, s29(1)(g))
5. Fertility impact not disclosed; fertility preservation listed as unavailable future service (ACL s18, s29(1)(g))
6. No disclosure of high progression rates from initial intervention to irreversible medical pathway (ACL s18, s29(1)(g))
7. Authority substitution: AusPATH alignment claimed without disclosing guideline limitations (ACL s18)
8. Acknowledgement of high baseline psychiatric morbidity without disclosing that psychiatric service use often intensifies post-intervention (ACL s18)

¹All website representations are as at 24 April 2026 (archived). AWW will provide updated screenshots if material changes have occurred.

9. No parental consent requirements or minor-specific protocols disclosed despite treating minors (ACL s18, s29(1)(g))
10. Claim of 'developmentally appropriate' care without disclosing age-differentiated protocols (ACL s18, s29(1)(l))

4. Description of Representations

4.1 'Evidence-Based Care' Representation

Representation: "Our services align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care."

Source: Gender Affirmation service page (<https://kaleidohealth.org.au/services/gender-affirmation/>)

ACL Relevance: This representation conveys to reasonable consumers that the clinic's gender-affirming services are supported by robust, reliable evidence. The unqualified term 'evidence-based care' would lead consumers to believe that treatment efficacy, safety, and long-term outcomes are well-established through high-quality research. This is material to consumer decision-making because evidence quality directly affects treatment risks and benefits.

4.2 'Safe' Services Representation

Representation: "We empower trans and gender-diverse individuals to affirm their identities safely and confidently."

Source: Gender Affirmation service page (<https://kaleidohealth.org.au/services/gender-affirmation/>).

ACL Relevance: The unqualified term 'safely' represents to consumers that the clinic's services carry minimal or negligible risk. This is material because medical interventions always carry risks, and the absence of any risk qualification is misleading.

4.3 Age Eligibility Representation

Representation: "Kaleido Health services are for people of all ages, including young people and those under 18."

Source: Q&A page (<https://kaleidohealth.org.au/q-and-a/>) — not accessible via standard website navigation. Note, the Q&A page was previously accessible via the main navigation menu until mid-February 2025, after which the link was removed and has remained absent since.

ACL Relevance: This representation confirms that minors are eligible for the clinic's services, including gender-affirming hormone therapy. However, this critical information is hidden on a page with no navigation path from any accessible page. Parents and guardians researching gender services for minors cannot discover via normal navigation that minors are treated, what parental consent requirements apply, or what age-specific assessment processes exist.

4.4 'Developmentally Appropriate' Care Representation

Representation: "...ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care."

Source: Gender Affirmation service page (<https://kaleidohealth.org.au/services/gender-affirmation/>)

ACL Relevance: The claim of 'developmentally appropriate' care for 'all ages' represents to consumers that the clinic has age-differentiated protocols and assessment processes. However, no such protocols are disclosed on any publicly accessible service page, making the representation unsubstantiated.

5. Why These Representations Are Misleading

5.1 Violation 1

Violation	Violation 1
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy); Section 29(1)(l) (false or misleading representation with respect to the need for any goods or services).
Representation	Material age eligibility information (treating minors) is confirmed on a Q&A page not accessible via standard website navigation, while Gender Affirmation and Child, Family & Youth service pages provide no age limits, eligibility criteria, parental consent requirements, or minor-specific assessment protocols.
ACL Basis	Reasonable consumers (including parents/guardians) navigating the website normally cannot determine service suitability for minors because material information is hidden from normal navigation. This violates the ACCC principle that material information must be 'clear, prominent and not hidden in fine print or obscure locations.' Information about who can receive services (age eligibility) and what consent processes apply (parental consent, court processes) is material to consumer decision-making.
Audit Evidence	AWW audit discovered Q&A page via Google search (site:kaleidohealth.org.au) after systematic navigation audit found no age eligibility information on accessible service pages. Findability testing confirmed no navigation path exists to Q&A page from any of 30 accessible pages. Gender Affirmation page makes no mention of age limits or minor-specific protocols. Child, Family & Youth page makes no mention of gender services or age-specific consent requirements. Hidden placement of age eligibility information prevents parents/guardians from discovering material information via normal consumer navigation.

5.2 Violation 2

Violation	Violation 2
ACL Provision	Section 18 (misleading or deceptive conduct)
Representation	Unqualified claim of 'evidence-based care' without disclosure of evidence uncertainty, despite independent systematic reviews consistently finding low/very-low certainty evidence for most long-term outcomes.
ACL Basis	Reasonable consumers would assume robust evidence base exists for claimed 'evidence-based care' yet independent systematic reviews (Cass Review 2024, U.S. HHS Evidence Review 2025, York systematic reviews 2024) consistently find low/very-low certainty evidence for mental health and long-term outcomes. The omission of evidence limitations is misleading because evidence quality directly affects treatment risks and benefits. Even AusPATH 2025 guidelines (which the clinic cites) scored 19% on AGREE-II rigorous evidence assessment and are under review for replacement with NHMRC GRADE-based guidelines.
Audit Evidence	Gender Affirmation page states services 'align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care.' No qualification, limitation, or caveat appears regarding evidence quality. Cass Review (2024) systematic evidence synthesis: low/very-low certainty evidence for benefits of puberty blockers and cross-sex hormones on mental health, gender dysphoria, or long-term outcomes. U.S. HHS 'Treatment for Paediatric Gender Dysphoria' (2025): very low certainty of long-term benefits; absence of detected harm does not equal evidence of safety. York/Archives of Disease in Childhood systematic reviews (2024): no high-quality comparative studies; evidence is low/very-low certainty for mental health, cognitive, fertility, sexual function, and cardiometabolic outcomes.

5.3 Violation 3

Violation	Violation 3
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy).
Representation	Complete absence of risk disclosure on public website despite offering 'Gender Affirming Hormone Therapy' as a current service, combined with

	unqualified 'safe' and 'evidence-based' benefit claims.
ACL Basis	Reasonable consumers would be materially misled by omission of material information about treatment risks when considering whether to engage services. ACCC guidance requires balanced disclosure of both benefits and risks. The representation that services enable consumers to 'affirm their identities safely' is misleading when no risks are disclosed. Even AusPATH 2025 guidelines require disclosure of risks including fertility, bone density, cardiovascular effects, and other system-specific risks during clinical consent processes.
Audit Evidence	Gender Affirmation page lists 'Gender Affirming Hormone Therapy' as current service but provides zero risk disclosure. No mention of bone density effects, cardiovascular risks, fertility impacts, irreversible changes, long-term unknowns, or any other physical risks. Mental Health page makes no connection between high baseline psychiatric morbidity in client population and treatment outcomes. No disclosure anywhere on public website of known or potential risks associated with hormone therapy.

5.4 Violation 4

Violation	Violation 4
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy).
Representation	No disclosure of irreversible effects on public website despite offering hormone therapy that causes permanent bodily changes.
ACL Basis	Permanence of treatment effects is material to consumer decision-making. Reasonable consumers would have no basis to understand irreversibility of voice deepening (testosterone), breast development (oestrogen), fertility impairment, sexual development effects, or other permanent changes. Omission of irreversibility information prevents informed assessment of treatment suitability. Even AusPATH 2025 guidelines require discussion of irreversible effects during clinical consent.
Audit Evidence	Gender Affirmation page describes 'Gender Affirming Hormone Therapy' service but makes no mention of irreversible effects, permanence, or which changes may persist after stopping treatment. Site makes no explicit reversibility claim but also makes no irreversibility disclosure. Omission itself is misleading — a reasonable prospective patient would have no basis to

	understand permanence of effects.
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5.5 Violation 5

Violation	Violation 5
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy).
Representation	Fertility preservation mentioned only as unavailable future service while current hormone therapy proceeds; no warning that hormone therapy may impair fertility or sexual function.
ACL Basis	<p>Fertility impact is material to consumer decision-making, particularly for minors and young adults. Reasonable consumers would be unaware that treatment may permanently affect fertility before fertility preservation access is available. This creates a temporal gap where hormone therapy is provided without the ability to preserve fertility beforehand. World Health Organisation recognises reproductive healthcare as fundamental human right. Even AusPATH 2025 guidelines require fertility counselling and discussion of fertility preservation options before initiating treatment.</p> <p>From the Australian Parliament House website 'Protocol for Special Medical Procedures (Sterilisation)':</p> <p><i>'In all states and territories of Australia, sterilisation is considered to be such an invasive and irreversible procedure, that where a person cannot give a valid consent to the procedure, an entity such as the Family Court, a state supreme court or guardianship tribunal is the only authority that can provide consent. Further, because of the invasive and irreversible nature of the procedure, the law in all states and territories provides that, unlike many other medical procedures, a person's normal substitute decision-maker for medical and dental treatment cannot make the decision about sterilisation.'</i></p>
Audit Evidence	Gender Affirmation page lists 'Gender Affirming Hormone Therapy' as current service but lists 'Fertility Preservation, on-site consultation and support for fertility preservation before or during transition' only as 'Future Service' not yet available. No warning on public website that hormones may impair fertility. No disclosure that fertility preservation should occur before hormone therapy begins. Temporal gap means patients cannot access fertility preservation before beginning treatment that may affect fertility.

5.6 Violation 6

Violation	Violation 6
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy).
Representation	No disclosure of high progression rates from initial intervention (puberty blockers and hormone therapy) to further irreversible medical/surgical steps documented in systematic reviews.
ACL Basis	Progression rates are material because reasonable consumers may assume initial hormone therapy is a discrete intervention when evidence shows very high progression rates (95%+ from puberty blockers to cross-sex hormones per Cass Review). Consumers need to understand that initial intervention typically leads to irreversible medical pathway including potential surgical interventions. This affects assessment of whether to begin treatment.
Audit Evidence	Gender Affirmation page lists 'Access to Surgery' (assistance with referrals and preparation for gender-affirming surgeries) as current service, indicating surgical pathway exists. However, no information is provided about progression rates, sequencing, what factors influence further steps, or likelihood of proceeding from hormone therapy to surgery. Cass Review (2024) and Dutch cohort studies document very high progression rates from puberty blockers to cross-sex hormones (95%+). Clinic mentions surgery referrals but omits progression data, leaving consumers unaware that initial intervention typically leads to irreversible medical pathway.

5.7 Violation 7

Violation	Violation 7
ACL Provision	Section 18 (misleading or deceptive conduct).
Representation	Authority substitution: claims of 'evidence-based care' based on AusPATH alignment without disclosing that AusPATH guidelines scored 19% on rigorous evidence grading and are under review for replacement with NHMRC GRADE-based guidelines.
ACL Basis	Guideline authority is material to consumer assessment of service quality. Reasonable consumers would assume robust evidence base when clinic cites professional guidelines as assurance of 'evidence-based care'. However, AusPATH 2025 guidelines scored 19% on AGREE-II rigorous

	development assessment and are under review for replacement with NHMRC GRADE-based guidelines using same methodology as Cass Review. Independent systematic reviews (Cass 2024, HHS 2025, York reviews, NZ brief, UK CHM) consistently found low/very-low certainty evidence for most outcomes. Authority substitution without disclosure of guideline limitations is misleading.
Audit Evidence	Gender Affirmation page states: 'Our services align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care.' No disclosure that AusPATH guidelines scored 19% on AGREE-II rigorous evidence assessment. No disclosure that guidelines are under review for replacement. No disclosure of evidence limitations found by independent systematic reviews. Clinic relies on guideline alignment as authority statement without explaining evidence base or limitations.

5.8 Violation 8

Violation	Violation 8
ACL Provision	Section 18 (misleading or deceptive conduct).
Representation	Mental Health page acknowledges 'high rates of trauma, PTSD, anxiety, depression, suicidality and other mental health challenges' among LGBTQ+ clients but does not disclose that longitudinal evidence shows psychiatric service use often intensifies post-medical intervention.
ACL Basis	Mental health outcomes are material to consumer decision-making because treatment is often sought or justified on mental health grounds. Reasonable consumers would assume mental health improves with treatment when baseline psychiatric morbidity is acknowledged but longitudinal evidence is omitted. Ruuska et al. (2026) Finnish 10-year nationwide study shows psychiatric service use increases significantly post-gender medical intervention. Cass Review (2024) systematic reviews found low/very-low certainty evidence for mental health benefits. Omission of this evidence is misleading.
Audit Evidence	Mental Health page states clinic provides 'inclusive, accessible, and high-quality mental health care' integrated across services and acknowledges 'high rates of trauma, PTSD, anxiety, depression, suicidality and other mental health challenges' among LGBTQ+ clients. However, no disclosure that longitudinal evidence (Ruuska 2026, Cass 2024) shows psychiatric

	<p>service use often intensifies post-medical intervention. No connection made between high baseline psychiatric morbidity and treatment assessment or outcomes. Balanced information requires disclosure of evidence that psychiatric morbidity may persist or worsen.</p>
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5.9 Violation 9

Violation	Violation 9
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(g) (false or misleading representation concerning existence, exclusion or effect of any condition, warranty, guarantee, right or remedy).
Representation	Clinic confirms via hidden Q&A page that it treats 'people of all ages, including young people and those under 18', yet provides zero information about parental consent requirements, minor-specific assessment protocols, age-differentiated risks, or Family Court processes for capacity/treatment disputes.
ACL Basis	Minor-specific information is highly material to parents/guardians considering gender services for their children. Reasonable consumers would need to know parental consent requirements, whether court involvement is required if disputes arise, what age-specific safeguards exist, and what assessment protocols apply to minors. AusPATH 2025 guidelines require parental/guardian consent for minors and Family Court involvement if dispute exists regarding capacity or treatment. Omission of this material information prevents informed consumer decision-making.
Audit Evidence	Hidden Q&A page confirms clinic treats 'people of all ages, including young people and those under 18.' However, publicly accessible Gender Affirmation and Child, Family & Youth service pages provide no disclosure of: age limits or eligibility criteria for minors; parental/guardian consent requirements; minor-specific assessment protocols; capacity evaluation processes for adolescents; age-differentiated clinical pathways; court processes if disputes arise regarding capacity or treatment; how 'developmentally appropriate' care differs by age group. This is particularly concerning given irreversible nature of hormone interventions, high progression rates documented in systematic reviews, and Family Court precedent requiring enhanced safeguards for minors in gender medical treatment.

5.10 Violation 10

Violation	Violation 10
ACL Provision	Section 18 (misleading or deceptive conduct); Section 29(1)(l) (false or misleading representation with respect to the place of origin, sponsorship, approval, performance characteristics, accessories, uses or benefits of goods or services).
Representation	Claim of 'developmentally appropriate' care for 'all ages' without disclosure of what age-differentiated assessment or treatment protocols exist.
ACL Basis	The representation that care is 'developmentally appropriate' for people of all ages implies existence of age-specific protocols and assessment processes. Without disclosure of what these protocols are, how they differ by age, or what safeguards apply to minors, the representation is unsubstantiated and misleading. Reasonable consumers would assume documented age-differentiated protocols exist when clinic claims to provide 'developmentally appropriate' care across all age groups.
Audit Evidence	Gender Affirmation page claims services 'align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care.' Q&A page confirms services are for 'people of all ages, including young people and those under 18.' However, no publicly accessible page discloses what makes care 'developmentally appropriate' for different age groups, what age-specific protocols exist, how assessment differs for minors versus adults, or what additional safeguards apply to minors. Representation of 'developmentally appropriate' care is unsubstantiated without disclosure of age-differentiated protocols.

6. Consumer Impact

The misleading representations and material omissions identified in this complaint cause significant consumer harm:

1. Parents and guardians researching gender services for minors cannot discover via normal website navigation that minors are treated, what parental consent requirements apply, or what age-specific safeguards exist.
2. Prospective patients are unable to assess treatment risks, irreversibility, fertility impacts, the possibility of worsening mental health outcomes or evidence limitations because this material information is omitted from public-facing pages.

3. Consumers are led to believe services are 'safe' and 'evidence-based' without understanding the low/very-low certainty evidence base and substantial uncertainties documented in independent systematic reviews.
4. Minors and their families are unable to make informed decisions about consent obligations, capacity assessment processes, or court involvement because this information is hidden or absent.
5. Consumers cannot assess the temporal gap between current hormone therapy provision and future fertility preservation availability, preventing informed reproductive decision-making.

These harms are compounded by the irreversible nature of many gender-affirming interventions and the high progression rates from initial to subsequent treatments documented in systematic reviews.

7. Public Interest Considerations

This complaint raises significant public interest concerns:

1. Children's safety: Minors are being treated with hormone therapy without publicly disclosed age-specific safeguards, parental consent requirements, or capacity assessment protocols.
2. Taxpayer accountability: Kaleido Health Centre receives NSW Government funding and operates within the ACON Health group structure. Public funding requires transparent consumer information.
3. Vulnerable populations: The clinic serves LGBTQ+ individuals including those with high baseline psychiatric morbidity, young people, and minors considering irreversible medical interventions.
4. Systematic pattern: The violations identified are not isolated omissions but represent systematic failure to provide material information across all informed consent domains.
5. Precedent: This is the second of up to 49 planned ACCC complaints against private gender clinics in Australia, all assessed using the same verified methodology.

8. Evidence Quality and Materiality

The materiality of the omitted information is established by high-quality independent systematic reviews:

Cass Review (2024): Independent systematic evidence review commissioned by NHS England found low/very-low certainty evidence for benefits of puberty blockers and cross-sex hormones on mental health, gender dysphoria, or long-term outcomes. Recommended holistic assessment and cautioned against routine medical pathways.

U.S. HHS Evidence Review (2025): Umbrella review found very low certainty of long-term benefits; sparse and weak harms reporting; absence of detected harm does not equal evidence of safety; highlighted methodological limitations including observational designs, short follow-up, and high loss-to-follow-up.

York Systematic Reviews (2024): Two independent systematic reviews published in Archives of Disease in Childhood found no high-quality comparative studies; evidence is low/very-low certainty for mental health, cognitive, fertility, sexual function, and cardiometabolic outcomes.

Ruuska et al. (2026): Finnish nationwide 10-year register study (n=2,083 gender-referred adolescents + 16,643 matched controls) found psychiatric service use increased significantly post-gender medical intervention (9.8% → 60.7% in feminising pathway; 21.6% → 54.5% in masculinising pathway). Psychiatric morbidity remained 3-6 times higher than controls regardless of medical intervention.

These high-quality systematic reviews represent the highest-quality independent syntheses available (systematic reviews commissioned by governments), they establish that risks, uncertainties, and psychiatric outcome data are material information a reasonable consumer (including parents of minors) requires for informed decision-making.

9. Regulatory Context

AWW has identified a structural conflict of interest regarding professional standards enforcement for gender-affirming medical services in Australia. Freedom of Information documents reveal that Australia's peak medical regulator, AHPRA, has embedded ACON's advocacy positions into its regulatory framework through formal partnership arrangements.

Kaleido Health Centre is operated by ACON Health Centre Limited (ABN 52 676 923 587) — the same organisation whose advocacy positions now shape AHPRA's regulatory processes. This creates a circular accountability problem where the organisation that influences the regulator also operates clinics subject to that regulation.

Given this structural conflict, AWW recommends the ACCC as the primary enforcement pathway for the Australian Consumer Law issues identified in this complaint, with parallel referral to the NSW Health Minister for independent clinical review of government-funded services.

Full documentation of AHPRA/ACON relationship and its implications for regulatory oversight is provided in Supplementary Document B of the audit report, available upon request.

10. Audit Methodology and Verification

AWW's informed consent audit methodology was developed in consultation with legal and medical advisers and has been verified by a former ACCC enforcement lawyer. The audit process included:

6. Systematic navigation of all publicly accessible pages via menu, footer, internal links, and team profiles
7. Google site search to identify pages indexed by search engines but not linked via standard navigation (hidden Q&A page discovery)
8. Findability testing: manual inspection of all 30 accessible pages, browser 'Find in page' searches, page source inspection, footer inspection, sitemap verification
9. Live content retrieval via direct URL fetch on 24 April 2026

10. Assessment against ACL requirements for clear, prominent, non-hidden material information
11. Evidence-based checklist developed from independent systematic reviews establishing materiality of disclosures
12. ISO Principles: ISO 19011 principles applied for objective evidence collection. Website communications assessed against ISO 9001:2015 clause 7.4 for controlled external information release.

All findings are supported by archived website pages, screenshots, and date-stamped retrieval evidence. The methodology is replicable and has been applied consistently across multiple clinic audits.

11. Requested Action

AWW respectfully requests that the ACCC:

13. Investigate the misleading representations and material omissions identified in this complaint
14. Require Kaleido Health Centre to immediately add age eligibility, parental consent requirements, and minor-specific protocols to publicly accessible service pages
15. Require comprehensive informed consent information including risks, evidence uncertainty, irreversibility, fertility impacts, alternatives, and progression rates on Gender Affirmation service page.
16. Prohibit unqualified 'evidence-based care' and 'safe' claims without disclosure of evidence limitations and treatment risks.
17. Require correction of corporate structure misrepresentation on Q&A page regarding 'separate entity' status.
18. Consider broader investigation of ACON Health Centre Limited's services for similar consumer protection violations.
19. Impose penalties appropriate to deter similar conduct by other gender-affirming service providers.

12. Supporting Documentation

AWW provides the following supporting documentation:

20. Kaleido Health Centre Audit Report (comprehensive 59 page audit with evidence tables and appendices)
21. Archived website pages with date stamps (24 April 2026)
22. Screenshot evidence of hidden Q&A page and findability testing
23. Evidence-Based Informed Consent background document (establishing materiality of disclosures)
24. Independent systematic review citations (Cass 2024, HHS 2025, York 2024, Ruuska 2026)
25. Audit methodology documentation and legal verification

All documentation is available for ACCC review upon request.

This complaint is submitted in the public interest to ensure transparent, accurate consumer information for individuals and families considering gender-affirming medical services.

Respectfully submitted,

Catherine Anderson-Karena

Founding Director

Active Watchful Waiting Inc.

Date: 5 May 2026