

AGREEMENT TO TERMS & CONDITIONS.

Patient Number
(For hospital use only)

Please complete this form in BLOCK CAPITALS, in black ink and/or modify any incorrect information.

1 PATIENT DETAILS

Surname:		Address:	
Forenames:			
Title: (e.g. Mr, Mrs, Ms, Dr, etc)		Sex:	
		M / F	
Date of birth: (DD/MM/YY)			
Country of residence		Postcode:	
NHS number (if known)		Home Tel No:	
		Mobile Tel No:	
		Work Tel No:	
Ethnic Origin		Preferred Contact Tel. No.	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>
White		Email	
<input type="checkbox"/> A. British <input type="checkbox"/> B. Irish <input type="checkbox"/> C. Any other white background		GP name	
Mixed		GP practice name	
<input type="checkbox"/> D. White & Black Caribbean <input type="checkbox"/> E. White & Black African		GP address	
<input type="checkbox"/> F. White & Asian <input type="checkbox"/> G. Any Other Asian background			
Asian or Asian British			
<input type="checkbox"/> H. Indian <input type="checkbox"/> I. Pakistani <input type="checkbox"/> K. Bangladeshi			
<input type="checkbox"/> L. Any other Asian background			
Black or Black British			
<input type="checkbox"/> M. Caribbean <input type="checkbox"/> N. African <input type="checkbox"/> P. Any other black background			
Other ethnic groups			
<input type="checkbox"/> R. Chinese <input type="checkbox"/> S. Any other ethnic groups			
Not stated		Postcode	
<input type="checkbox"/> Z. Not Stated			

2 PLEASE INDICATE HOW YOU WILL SETTLE YOUR ACCOUNT

(Please tick appropriate box)

<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Cash / Credit Card / Debit Card	<input type="checkbox"/> NHS
<input type="checkbox"/> Other (please indicate)		

3 FINANCIAL AND OTHER AUTHORISATIONS

- I agree to pay for any and all services provided by Nuffield Health in accordance with Nuffield Health terms of business set out over page ("Services"). I also agree to pay for any and all personal expenses, including, for example, newspapers, guests food and beverages or telephone calls in full ("Expenses").
- If a third party or insurer has agreed to pay my account or part of my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in whole or in part. Insured patients only; I DECLARE THAT my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete. I authorise the hospital to submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf. I agree to pay for any personal expenses e.g. newspapers, guests' food and beverages or telephone calls, in full on the day of discharge from the hospital.
- I understand the nature and consequence of my personal data being processed and disclosed as set out in the Nuffield Health Privacy Policy (which can be found on the Nuffield Health website at <https://www.nuffieldhealth.com/privacy>), a summary of which is referenced over page, in relation to my treatment or care.
- Nuffield Health reserves the right to assign to a third party any outstanding debts or accounts due to Nuffield Health for the purpose of recovery of the same by that third party.

Signature: _____ Patient (or Representative)

Date: _____

NUFFIELD HEALTH PRIVACY STATEMENT

Confidentiality: The confidentiality of patient information is of paramount concern to Nuffield Health. To this end, Nuffield Health complies with UK data protection laws including the Data Protection Act 2018 and all medical and clinical confidentiality guidelines issued by professional bodies such as the General Medical Council and the Nursing and Midwifery Council. Details of processing undertaken are provided in the Nuffield Health Privacy Policy which can be found at <https://www.nuffieldhealth.com/privacy>

Clinical Information: Clinical information will be kept confidential and secure. It will only be disclosed to, and received from, those involved with your treatment or care (which may include your general practitioner and/or your consultant) or their agents or in accordance with UK laws and guidelines from professional bodies. If applicable, it may be disclosed to any person or organisation who may be responsible for meeting your treatment expenses, or their agents (e.g. where payment is being met by NHS, insurers etc.). It may also be disclosed for research purposes as detailed below.

Your consultants and medical practitioners are not employees of Nuffield Health and carry out services as independent practitioners and therefore handle and process patient information within their private practice as separate Data Controllers. Processing of this information may involve your consultant sharing information with Nuffield Health, sending information directly to insurers for settlement of accounts as well as sending details of your treatment to your general practitioner. All independent consultants and medical practitioners working with Nuffield Health are obliged to ensure data is kept confidential and secure and processed in accordance with the Data Protection Act 2018 and other UK data protection laws, guidelines and regulations and apply appropriate safeguards to protect information. For access to medical records held by your consultant or medical practitioner, or to exercise any of your rights over any personal data held by them, you will need to make the request to the consultant or medical practitioner directly.

As part of a UK-wide programme to improve the public's access to information on the quality and outcome of private healthcare, we may share some of your personal data with The Private Healthcare Information Network (PHIN) but this will be subject to all applicable laws, regulations and guidelines.

Research: Nuffield Health participates in national audits and initiatives to help ensure that patients are getting the best possible outcomes from their treatment and care. Nuffield Health will use your personal data in order to monitor the outcome of your treatment. The highest standards of confidentiality will be applied to your personal data in accordance with data protection and confidentiality laws. Any publishing of this data will be in anonymised statistical form. Anonymised or aggregated data may be used by Nuffield Health, or be disclosed to others, for research or statistical purposes and registered with such bodies.

Access to Non-Clinical Information: Access to non-clinical information may be granted by Nuffield Health to others on a strictly confidential basis in the course, and for the purpose, of the efficient administration of Nuffield Health (for example, in connection with audit, systems development, managing or improving our services). Support Services: In the usual course of our business, we may use third party organisations to support the essential delivery of our IT services. Some IT service providers may host data in servers located outside of the EEA. Where this is the case we have implemented appropriate security to protect the personal information disclosed to us from loss, misuse, unauthorised access, disclosure, alteration and destruction.

By signing this agreement you accept that your personal data will be processed in accordance with the terms of the Nuffield Health Privacy Policy.

TERMS OF ADMINISTRATION FOR IN, DAY AND OUT PATIENTS

1. Nuffield Health will provide accommodation, nursing care and other services as appropriate for you ('you' or 'your') at the request of the medical practitioner/s that is/are supervising your care.
2. Fees for services provided by consultants, independent medical practitioners, general practitioners and anaesthetists are additional to charges made by us, unless they are covered by the terms agreed with you for payment where you are paying for your treatment yourself or where you are admitted through the NHS.
3. Personal expenses e.g. newspapers, guests food and beverages or telephone calls will be charged for and bills must be settled by you before leaving the hospital.
4. Please do not bring valuable items into the hospital. We will not accept liability for any loss or damage to any personal items or valuables.
5. We have in place complaints and access to personal data procedures, details of which can be obtained from the hospital reception or found on the Nuffield Health website, search Privacy Policy or Complaints Procedure.
6. All of our consultants and independent medical practitioners are self-employed and provide their services direct to you and not on our behalf or that of the hospital. The consultant/practitioner remains fully liable to you for your medical care and we cannot accept any liability for his/her [care, treatment, advice or] practice.

TERMS AND GUIDE TO PRICES

1. **Provision of Services**
We will provide accommodation, nursing and other services to you at the request of the consultant or medical practitioner who is admitting you to hospital and under whose supervision your medical care and treatment remains.
2. **Professional Fees**
Fees for services provided by self-employed consultants and independent practitioners, such as medical consultants, general practitioners and anaesthetists, are imposed in addition to charges made by us, unless they are covered by the terms agreed with you for payment where you are paying for treatment yourself or where your treatment is funded by the NHS.
3. **Personal Expenses**
Expenses will be charged for separately, and must be paid by you on or before leaving the hospital. Any balance outstanding will be subject to paragraph 4 below. If a third party or insurer has agreed to pay your account, any balance outstanding if the third party or insurer does not pay the account in full must be paid by you in accordance with paragraph 4 below.
4. **Payment Terms**
If a third party or insurer has agreed to pay all or part of your account, any balance outstanding that the third party or insurer does not pay is your responsibility and must be paid by you in accordance with this paragraph. We require you to provide valid credit/debit card details prior to your appointment/admission which will be used to collect any outstanding unspecified amounts in respect of:
 - Services where we/the hospital do not deal directly with your insurer.
 - Services, charges, related expenses and any policy excess not covered,

in whole or part, by your insurance company or the NHS, or where you are paying for your own treatment, services charges and expenses not covered by the terms agreed for your treatment.

- Consultants or medical practitioners professional fees (where applicable).

4.1. Insured Patients

4.1.1. Direct Settlement by Insurance Companies

You should check with your insurer that you have adequate cover.

We will try to help you do this, but only your insurer can confirm that your cover is adequate. The credit/debit card details you have supplied to us under clause 4 will be used for any shortfall and/or outstanding balances as in paragraph 4. If your insurance company operates a direct settlement scheme, we will send your account and claim form to the insurance company for payment on your behalf.

So that we can do this, you will need to obtain pre-authorisation in advance for tests and treatment that you are to receive. You will also need to provide us with a valid authorisation code prior to your admission. If your insurance company does not pay the account in full within 30 days from the date you were discharged, any outstanding balances will be notified to you by letter. You will have 10 days from the date of our letter to query this outstanding payment before your credit/debit card is debited with the outstanding balance. A receipt will be provided on request.

4.1.2. No Direct Settlement Scheme

If your insurance company does not operate a direct settlement scheme, or if you are unable to provide us with a completed and signed claim form, you must pay your account in full 7 working days (or 10 working days if paying by personal cheque to allow for clearance) before treatment, if coming into hospital as an inpatient, or on the day of your appointment/test/treatment if an outpatient. The credit/debit card details supplied to us pursuant to paragraph 4 will be used for any outstanding balances.

4.2. Payment by Third Parties (excluding solicitor requested work)

If your company, employer or other third party (other than the NHS if you are an NHS funded patient), agrees to pay your account, a letter of authority must be produced when you are admitted to the hospital. The letter will need to confirm that your account will be paid in full within 21 days from the date you are discharged from hospital. Should the company, employer or other third party (other than the NHS if you are an NHS funded patient) not pay the account in full within 21 days from the date you were discharged, outstanding balances will be notified to you by letter. You will have 10 days from the date of our letter to query this outstanding payment before your credit/debit card is debited. The credit/debit card details you have supplied to us under paragraph 4 will be used for any outstanding balances.

4.3. NHS Patients

Personal expenses e.g. newspapers, guests food and beverages or telephone calls must be paid in full on the day of your discharge from hospital. The credit/ debit card details supplied by you to us under paragraph 4 will be used only for such outstanding balances.

N.B. We accept most major credit and debit cards.

Unless otherwise agreed we reserve the right to vary our fees and charges without prior notice.