

Private Patient Terms and Conditions form

This Private Patient Terms and Conditions Form, combined with your Treatment Letter (detailing the services which will be provided to you if applicable), your Self Pay Treatment Quote (if applicable), and Practice Plus Group's standard Private Patient Services Terms and Conditions document (together, our Terms) form the basis of our contract with you.

By signing this form, you agree to be bound by our Terms.

Patient details - please complete in block capitals and/or modify any incorrect details		
Title		Address:
Forename		
Surname		
Tel.		
Email		
Permission to discuss your care with a partner/carer/parent/guardian		
Name		
Relationship		
Daytime tel.		
Mobile tel.		

If you would like us to discuss any aspects of your treatment or care with the individual named above, please tick the box to confirm your consent (you may change your mind at any time by telling the hospital)

Please indicate how you intend to pay for your treatment

Credit/debit card		Finance option		Bank transfer	
Medical insurance		Family/Friend		Cheque	

Please see reverse of form for important information on using your personal data.

I agree to Practice Plus Group's Terms relating to my care and treatment.

I also confirm that I have read the Practice Plus Group's Private Pay privacy notice (available at practiceplusgroup.com/privacy-notices) and consent to my data being processed in accordance with this

Patient signature: _____ Date: _____

Private patient terms and conditions

Important information and using your personal information

Personal information which you supply to us (including sensitive personal information) may be used in connection with:

- your treatment and care, including any NHS treatment
- medical examinations or assessments
- payment of fees, including billing and settlement of your account

We may for those reasons also share your medical information with, and obtain information about you, from:

- others, including medical practitioners, such as your GP, physician anaesthetist, surgeon, therapist, or their agents, or anyone else involved in your care or treatment, including some who may be based outside the European Economic Area.
- NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups.
- those responsible for paying your fees in the case of you using our finance option.

We may disclose your information to any member of our group; and, if any of our business is bought by a third party, information we hold about you, including sensitive information, may be disclosed as part of such sale.

We will not otherwise disclose any information about you to anyone else except with your consent, to help prevent fraud, or if required or permitted, to do so by law.

We participate in national audits and initiatives to help ensure that patients are getting the best possible outcomes from their treatment and care. We will use your personal information in order to monitor the outcome of your treatment by us and any treatment associated with your care, including any NHS treatment. The highest standards of confidentiality will be applied to your personal information in accordance with data protection law and confidentiality. Any publishing of this data will be in anonymised statistical form.

Your rights under the Data Protection Act 2018 are fully explained in our Private Pay Data Privacy and Processing Notice, which is available at www.practiceplusgroup.com/privacy-notices

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I consent to Practice Plus Group using my contact details and sending me information about future events and services that may be of interest to me. I acknowledge that I can opt out at any time by contacting the central enquiry centre.

I consent to be contacted by: Email Telephone Both

If you would like to know more about anything we have said here, please write to us at:

Practice Plus Group, Hawker House,
5-6 Napier Court, Napier Road
Reading, RG1 8BW
Berkshire
or e-mail us at selfpay@practiceplusgroup.com