

Patient Consent Form

All details provided are confidential and protected under the Data Protection act of 1998.

Ultra Sports Clinic



Appointment Cancellation Policy:

Please be aware that we require a full 24 hour notice should you be unable to attend an appointment, otherwise you will be subject to a £50 charge for the missed appointment.

TITLE..... FORENAME..... SURNAME.....

DATE OF BIRTH...../...../..... OCCUPATION.....

ADDRESS.....

..... POSTCODE.....

MOBILE No.....

EMAIL.....

How Were You Referred to Ultra Sports Clinic ?

- | | | | | |
|---------------------------------------|-------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance | <input type="checkbox"/> Google/Website | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> GP |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Class Pass | <input type="checkbox"/> Another Space | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other |

Please Print Name of Referrer.....

Name of GP/Consultant..... Address.....

.....

Private Medical Insurance (If applicable)

Provider.....

Membership No.....

Authorisation No.....

Number of Sessions Authorised..... Excess Amount.....

Previous Medical History

Do you have any allergies?

☐ Yes ☐ No If yes, please specify.....

Are you currently taking any medication?

☐ Yes ☐ No If yes, please specify.....



Please read the below statements and tick appropriately, before signing as indicated.

Will you require an interpreter?

☐ Yes ☐ No If yes, which language?.....

I understand that I can bring a friend or relative into the treatment room with me.

☐ Yes ☐ No

I consent to being examined and treated in the manner relevant to my individual care.

☐ Yes ☐ No

I can refuse treatment or part of any treatment at any time.

I understand that the practitioner will give me personalised information explaining my condition, treatment options, benefits and risks of treatment, as well as treatment alternatives during my initial assessment.

☐ Yes ☐ No

I confirm that I am responsible for the payment of fees for treatment at the end of each treatment session, unless I am claiming on private health insurance. **(If applicable)**

☐ Yes ☐ No

I confirm that I am fully liable for any payments that my insurance does not cover or any excesses that are due.

☐ Yes ☐ No

If my practitioner becomes unavailable due to sickness or other unforeseeable circumstances I give consent for my notes to be passed on to a colleague within the practice.

☐ Yes ☐ No

I consent to the practice contacting my GP or consultant if necessary either verbally or in writing which may involve releasing details of medical information. **(Written consent will be required)**

☐ Yes ☐ No

I consent to receiving email communication concerning my appointments.

☐ Yes ☐ No

I consent to receiving emails about health tips, classes and the latest offers.

☐ Yes ☐ No

(You can change your mind at any time by clicking the *unsubscribe link* in the footer of any email you receive from us, or by contacting us at hello@ultrasportsclinic.com)

We will treat your information with respect and for more information about our privacy policy, please visit our website.



Terms & Conditions

MEDICAL INSURANCE AND PAYMENTS

We are usually happy to invoice those private medical insurers with whom we are contracted, although this will not affect your liability as responsible for the payment of our fees in full. In order to take advantage of this service you will need to provide us with your insurance membership / policy number and a valid pre-authorisation code. We will also need your credit / debit card details at the time of booking.

Please note that even if you have private medical insurance, it may not cover all our fees and expenses. Certain treatments and items may not be covered by your insurer, or there may be an excess payable. We will require that you pay any balance if your insurance company does not cover the full cost of treatment. If we receive notification from your Insurer that you have an excess on your policy, or your funds have been exhausted, or they refuse to pay any outstanding fees in full for any reason, these fees will be charged directly to your debit / credit card.

If your insurance company operates a 'Cost Share' arrangement with you, we will automatically take this payment from the card details you provide to us as soon as we are notified about the arrangement and thereafter on the day of subsequent appointments and a receipt will be emailed directly to you.

Further, if your insurer has not paid us in full within 30 days, we will require payment from you directly and reserve the right to debit your credit or debit card accordingly.

If your account isn't settled in full within 30 days of the invoice being provided by e-mail, then reserve the right to debit your credit or debit card accordingly.

We will provide you with a receipt to reclaim this charge from your insurer, and you should contact your insurer directly if you have any queries at all with regards your claim.

DIRECT PAYMENTS

If you are not covered by one of the insurance companies that we invoice directly you will be required to pay the full cost of your treatment on the premises at the time of each appointment. Payment can be in cash or by card. We will provide you with a receipt to reclaim this charge from your insurer.

A range of pre-paid treatment packs are available for some services, please ask reception for further details, all pre-paid treatments are valid for a period of 12 months from their date of purchase.

LATE PAYMENT

We charge interest on late payments at 2% a year over the base rate of Barclays Bank. You will be liable for all costs of collecting or enforcing payment from you. We may cancel or suspend treatment if our fees and expenses are not paid in full when due. If you have any questions relating to our fees or claiming Medical Insurance please contact: Sandra Ewing, the Clinic Manager: sandra@ultrasportsclinic.com

CANCELLATION POLICY

We require at least 24 hours' notice from you if you need to cancel an appointment. Appointments cancelled within these time frames will be charged at full value.

REFERRALS

Occasionally we may refer you to a third party for further treatment or imaging. We will send a referral letter to that third party and you will be responsible for arranging your appointment with them. You will be bound by the terms and conditions of that third party and we undertake no liability with respect of that third party.

CONSENT TO TREATMENT

We are aware that many medical and therapeutic problems, procedures and treatments can be confusing for patients. It is important that you fully understand our diagnosis and recommendations, the procedures and treatments that may be involved, and their likely effects. We make every effort to ensure that we communicate effectively, but please make sure you ask us if you are uncertain of anything or would like any further information. You must make us aware of any factors that could affect your treatment or our diagnosis. A copy of correspondence will be sent to your GP unless you state otherwise.

CONSENT TO OUR USE AND DISCLOSURE OF YOUR DATA AND HEALTH RECORDS

Ultra Sports Clinic take steps to comply with UK data protection legislation: all applicable data protection and privacy legislation in force from time to time in the UK including the General Data Protection Regulation ((EU) 2016/679); the Data Protection Act 2018; the Privacy and Electronic Communications Directive (2002/58/EC) (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended.

Your medical records will be stored electronically and accessed by authorised personnel only. Disclosures may be made to health professionals, including your GP and any third party that needs access to them to provide, for example, imaging services. Ultra Sports Clinic may use your medical information on an anonymous basis for teaching, research and audit purposes.

By signing our terms, you are consenting to us handling your personal data, including your health records, and to the uses referred to above. Please ask us for more information with regards data protection, your health records and related rights if you are unsure.

OUR LIABILITY

We do not accept liability for loss of, or damage to, patients' personal possessions while in our clinics unless the loss or damage can be proved to have been caused by an employee of Ultra Sports Clinic. We do not accept liability for death or personal injury unless proved to have been caused by the negligent act or omission of Ultra Sports Clinic or its employees. Your statutory rights are not affected.

I agree with the above terms and conditions and hereby give consent to Ultra Sports Clinic.

Name..... Signature..... Date.....

