



PHYSIOTHERAPY PATIENT REGISTRATION FORM

1) PATIENT DETAILS

Surname	Address
Forenames	
Title (Mr, Mrs, Ms, Dr.)	
Sex	Postcode
Date of Birth	Home Tel
Country of residence	Work Tel
Patient TM2 number (if known)	Mobile Tel
	Email address
	Company Name

2) INSURER DETAILS

Name of insurer

Pre Authorisation code

Policy Number

3) GP DETAILS

Name	Address
Tel	
Email	

4) CARD DETAILS

Physio: Please review TM2 that card details have been correctly entered onto the system

Patient/Customer: Nuffield Health is required to take card details from all patients, your card details are stored as an encrypted token, even if payment for treatment is being covered by an insurer or corporate organisation. This enables us to take an automatic payment from your stored card details, for example if you cancel your appointment on less than 24 hours' notice.

5) PAYMENT TERMS AND CONDITIONS

I authorise Nuffield Health to charge my credit/debit card in respect of the following:

- Where I cancel or change my appointment with less than 24 hours' notice or fail to attend my appointment a £49 cancellation/ non-attendance fee will be charged. I acknowledge and agree that where my treatment is covered by my insurer, I (not my insurer) am personally responsible for the payment of the Cancellation Charge)

- Self-financed charges incurred, including tests, procedures and equipment, for initial and subsequent appointments
- I acknowledge and agree that any policy excess outlined by my insurer and the above mentioned Cancellation/non-attendance fee Charge will automatically be taken from the card token.
- Where my account should have be paid for by a third party (for example, my employer or my insurer) partnered with Nuffield Health, but that third party has failed to settle the account in full or in part.

Treatment through insurers partnered with Nuffield Health

YOU SHOULD CHECK WITH YOUR INSURER THAT YOU HAVE ADEQUATE COVER BEFORE BOOKING YOUR APPOINTMENT.

Treatment through insurers, employers and third parties not partnered with Nuffield Health

If your insurance company, employer or third party is not partnered with Nuffield Health then you are required to pay for your treatment in full and an invoice will be provided.

Self-Pay

If you are directly paying for your treatment then your credit/debit card details will be collected at the time of booking and full payment will be taken on the day of treatment, and your stored card details will be used for initial and subsequent appointments.

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 and all medical and clinical confidentiality guidelines issued by professional bodies such as the General Medical Council, Nursing and Midwifery Council and the Health & Care Professions Council. Details of processing undertaken are provided in the Nuffield Health Privacy Policy which can be found at 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) or their agents 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 the NHS, insurers etc.). It may also be disclosed for research purposes as detailed below.

Nuffield Health consultants and independent 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. Processing of this information may involve your consultant 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 engaged by Nuffield Health are obliged to ensure data is kept confidential and secure and processed in accordance with the Data Protection Act and other UK data protection laws, guidelines and regulations and apply appropriate safeguards to protect information.

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 your specific consent.

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 the 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 and 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 bases 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 the terms of the Nuffield Health Privacy Statement.

I, the Patient/Representative (Delete as appropriate), sign to confirm that I have read and agreed to:

- All the Terms and Conditions within this document
- The Terms and Conditions & Cancellation conditions that were sent via the link in my booking confirmation email
- 'Physiotherapy treatment and your rights' booklet that has been sent to me via the booking confirmation email or provided by my Physiotherapist

Signature:

Print Name:

Date:

Please note that for the physiotherapy treatment to go ahead:

- This Physiotherapy Patient Registration Form must be completed and signed by you; and
- Your credit or debit card details must be supplied to us.