

# Miss Victoria Cook Private Practice

## Patient Registration Form

Patient Details			
Title		Address	
Forenames			
Surname			
Date of Birth			
Telephone			
E-mail		Postcode	
Consent			
<input type="checkbox"/>	<p>Tick here to give your consent for us sharing your personal data with your medical insurance company (or their designated intermediary). The data we provide is limited to that required by the insurance company and is only for the purposes of getting your invoices paid. See overleaf for details of our privacy policy.</p> <p>NB – if you do not consent we will not be able to pass on any information to your insurance company. In this case you will need to pay our invoices yourself and submit them to your insurance company for reimbursement.</p>		
Agreement To Pay			
<p>I hereby undertake to pay Miss Victoria Cook for services related to my private medical consultation and treatment, including circumstances where medical insurance does not cover all or part of these services. Payment is due within 30 days of date of invoice. I understand that if I do not pay an invoice on time, I may be charged interest and/or late payment fees and the matter may also be passed on to collection agency who could charge me additional fees.</p>			
<p><b>Patient Signature</b> ..... <b>Date</b> .....</p>			
<p>If patient is under 16</p> <p><b>Parent / Guardian Signature</b> ..... <b>Date</b> .....</p>			
Privacy Policy & Further Terms & Conditions			
<p>Please turn over to see our privacy policy and terms &amp; conditions</p>			

## **Privacy Policy**

Please see [www.gynconsult.co.uk/Privacy](http://www.gynconsult.co.uk/Privacy) for our full privacy policy including all your rights under the GDPR data protection regulations.

The simple version is reproduced below.

We promise

- To keep your data safe and secure
- To retain your medical records for a period based on NHS recommendations.
- Not to sell your data or use it for marketing purposes

We may share your data with other organisations for the following reasons.

- With other medical professionals, directly related to your medical care. This may include: -
  - Referral letters to other medical professionals,
  - Reports on your consultation and/or treatment to your GP
  - Requests for tests or imaging
- With your medical insurance company (or their designated intermediary) to meet their requirements in processing your claim. In this case we require your explicit consent, obtained through our patient registration form. Please note the following: -
  - You may withdraw your consent for this at any time by a request made in writing.
  - If you do not give (or later withdraw) your consent, we will not be able to pass on any information to your insurance company. In this case you will need to pay our invoices yourself and submit them to your insurance company for reimbursement.
- With debt recovery agencies in the event of a failure to pay an invoice after 30 days.

## **Terms & Conditions**

- Initial consultations are nominally 30 minutes long, with follow up consultations 15 minutes. However, we will always try to give patients the time they need.
- For simple consultations you should only be invoiced by us, however any procedures performed during a consultation (however minor) may incur an additional charge (invoiced separately) by BMI Bishops Wood Hospital.
- Assuming you consent, we will assist and facilitate invoices being paid direct to us by your insurance company. However, you are responsible for full payment of any invoices in cases where you are not insured, or your insurance company refuses to meet the full invoiced amount by the due date.
- Invoices are due for payment within 30 days of date of invoice.
- In cases of non-payment of invoices within 30 days, we may charge interest and/or late payment fees.
- In cases of continued non-payment of invoices, we may refer the matter to a collection agency who will charge additional fees.