

# Patient information

## Personal details

TITLE ..... NAME ..... SURNAME .....

GENDER IDENTITY ..... SEX ASSIGNED AT BIRTH ..... PREFERRED PRONOUNS .....

D.O.B 

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 TEL ..... EMAIL .....

ADDRESS ..... POSTCODE .....

COMPANY ..... COMPANY POSTCODE .....

## How did you hear about us?

WORD OF MOUTH     
  PHYSIO / PT     
  SOCIAL MEDIA     
  WALK-IN  
 CONSULTANT / SURGEON     
  EMPLOYER     
  PROMOTION     
  INSURANCE COMPANY  
 GP     
  INTERNET SEARCH     
  PRESS ARTICLE     
  OTHER .....

## Medical details

NAME OF GP / PRACTITIONER .....

PRACTICE ADDRESS ..... POSTCODE .....

HEALTH INSURANCE PROVIDER

BUPA     
  OTHER INSURER     
 MEMBERSHIP NO. ....  
 AXA PPP     
 Name .....     
 PRE-AUTHORISATION NO. ....  
 CIGNA     
 .....     
 NO. OF TREATMENTS AUTHORISED .....

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| <p><b>CONTACT OPTIONS</b></p> <p>I consent to receiving email and SMS communication from Pure Sports Medicine for the following purposes:</p> <p style="text-align: right; margin-right: 20px;">Email SMS</p> <ul style="list-style-type: none"> <li>• REFERRAL CONFIRMATION <input type="radio"/> <input type="radio"/></li> <li>• APPOINTMENT REMINDER <input type="radio"/> <input type="radio"/></li> <li>• APPT. BOOKED CONFIRMATION <input type="radio"/> <input type="radio"/></li> <li>• SERVICE FOLLOW-UP <input type="radio"/> <input type="radio"/></li> <li>• BIRTHDAY OFFERS <input type="radio"/> <input type="radio"/></li> <li>• MARKETING <input type="radio"/> <input type="radio"/></li> </ul> <p>Contact options can be updated at any time via the Patient Portal.</p> | <p><b>CLINICAL CORRESPONDENCE</b></p> <p>All emails sent from Pure Sports Medicine are sent using multilayers of encryption. Any clinical correspondence will be sent to you via a secure portal. If you would prefer to opt-out of using a secure portal for your clinical correspondence, you can do so below. If you would prefer for clinical correspondence to be posted to you, please let us know.</p> <p><b>SECURE PORTAL OPT-OUT</b></p> <p>I am aware of the risks associated with opting for email to be sent to me without secure encryption and I would prefer to receive clinical correspondence without the secure login feature.</p> <p> <input type="radio"/> OPT-OUT OF SECURE PORTAL<br/> <input type="radio"/> PLEASE SEND LETTERS VIA POST         </p> | <p><b>SHARING INFORMATION</b></p> <p>I am happy to consent to Pure Sports Medicine contacting my GP and/or Consultant on my behalf and understand some personal information will be shared in doing so. Please note, we require GP details and consent for patients under 18 years old.</p> <p> <input type="radio"/> YES      <input type="radio"/> NO         </p> | <p><b>SQUARE POS</b></p> <p>To take payment for services provided, we use a secure system called Square. Security is engineered into the Square hardware and software. All payment details are encrypted to protect against hackers and the system is fully GDPR and PCI compliant.</p> <p><b>PA / SECRETARY CONSENT</b></p> <p>I consent to Pure Sports Medicine liaising with my below named PA / Secretary in relation to my medical appointments and billing.</p> <p> <input type="radio"/> YES      <input type="radio"/> NO         </p> <p>NAME .....</p> <p>.....</p> |
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SIGNATURE ..... DATE 

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# Terms and conditions

## HEALTH INSURANCE AND PAYMENTS

We are usually happy to invoice those health insurers with whom we are contracted, although this will not affect your liability as you remain 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, policy renewal date and a valid pre-authorisation code. We will also need your credit / debit card details prior to your appointment, which will be stored via our PCI compliant payment system Square (<https://squareup.com/help/gb/en/article/3796-privacy-and-security>). We are unable to provide treatment unless you provide card details and sign these terms & conditions.

Please note that even if you have health 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, 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 on file.

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.

If your insurer has not paid us in full within 30 days and our agreement with your insurer does not outline terms for delayed payments, we will require payment from you directly and 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 an insurance company that we invoice directly or are paying for your appointment yourself, you will be required to pay the full cost of your treatment in advance of each appointment. We are unable to provide treatment if your appointment is not paid for in advance and in full. Payment can only be made by credit / debit card (we do not accept cash or cheque), and we will provide you with a receipt to reclaim this charge from your insurer if applicable. A range of pre-paid treatment packs are available for some services; please ask reception for further details. All prepaid treatment packs are valid for a period of 12 months from their date of purchase - apart from the Physio Follow-Up Extended 6 & 10 packs which must be used within 3 and 6 months respectively - and are non-refundable and non-transferable. If you are choosing to pay by Direct Debit, should you cancel the Direct Debit for any reason, you will be required to settle any outstanding balance via a one-off payment immediately.

For patients that have been referred by a Health & Fitness provider with which we have a direct agreement and to which you have already made a payment for our services, we will invoice the Health & Fitness provider directly.

## LATE PAYMENT

We charge interest on late payments at 2% a year over the Bank of England base rate. 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.

## CANCELLATION POLICY

We require at least 24 hours' notice from you if you need to cancel or amend an appointment. For appointments with our Strength and Conditioning or Nutrition team, the cancellation notice period is 48 hours. For appointments with our Sports and Exercise Medicine Consultants (SEM's), the cancellation policy is 48 hours. Appointments cancelled within these time frames will be charged at full value and cannot be submitted to your insurer.

## 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. If you are covered by health insurance, we may also share medical information with your insurer unless you state otherwise.

## OUR USE & DISCLOSURE OF YOUR DATA AND HEALTH RECORDS

Pure Sports Medicine operates in accordance with the General Data Protection Regulations (GDPR). Your medical records will be stored electronically and accessed by authorised personnel only. Disclosures may be made to health professionals, including your GP and certain third parties that need access to them to provide health care services to you (for example, imaging services). Pure Sports Medicine may use your medical information on a strictly anonymous basis for teaching, research and audit purposes.

Under the GDPR medical information which relates to you is considered special category data. This means that in addition to having a lawful basis for processing this data (required for all data processing), we are required also to satisfy a separate condition for processing special category data. There are 10 categories under GDPR including where the processing is necessary for the purpose of medical diagnosis or provision of healthcare. We rely on performance of our contract with you as our grounds for processing your medical data, and rely on provision of healthcare as our condition for processing such special category data.

For further information on how we look after your data please see our privacy policy which you can access on our website: [puresportsmed.com/legal/privacy-policy](https://puresportsmed.com/legal/privacy-policy). Please also feel free to ask us for more information with regards to 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 Pure Sports Medicine. We do not accept liability for death or personal injury unless proved to have been caused by the negligent act or omission of Pure Sports Medicine or its employees. Your statutory rights are not affected.

## Patient signature

I have read and understood, and I agree to, the above Terms and Conditions including the conditions relating to payment of fees. I understand I may decline any treatment procedures and I agree to ask for further information when I am unsure.

**I agree to the terms and conditions of Pure Sports Medicine**

YES

NAME .....

SIGNATURE .....

DATE 

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