

Patient Authority Form

Nuffield Health Wellbeing Division is part of the Nuffield Hospitals Group and is referred to below as “Nuffield Health Wellbeing”, “we” or “us”.

In order for Nuffield Health Wellbeing to authorise treatment, we shall require your physiotherapist to disclose to us the clinical issues they found upon examination, together with a proposed treatment plan. Your physiotherapist will send this information to us after your assessment. Only health information that is relevant to the condition for which you are being treated by the physiotherapist will be requested by us.

Should your physiotherapist request additional treatment at any stage, we may require them to send to us further information relevant to your condition and treatment.

After your last treatment, your physiotherapist will provide us with a report detailing how your condition has responded to treatment and any further recommendations they may have.

These reports will be made available to the relevant case manager or health care professional(s) that may be involved in the handling of your individual case.

By signing this form you are acknowledging that you understand the exact nature of the information that will be passed to us by your physiotherapist. Please be assured that this information will only be passed to your case manager or other health care professionals who are involved in your treatment. It is your right to refuse.

Other information:

To ensure that the highest possible standards of patient and clinical care are being delivered, Nuffield Health Wellbeing performs quality audits on the sites within the Fusion network. This includes clinical record audits to ensure compliance with the Chartered Society of Physiotherapy clinical record keeping standards.

By signing this form you are acknowledging that your notes may be randomly selected as part of the audit quality review process. Your notes will not be copied, removed or used for any other purpose.

In the event that a complaint is reported to, or received by us, it may be necessary for us to review your clinical notes as part of the investigation process. By signing this form you are acknowledging that we may need to request your notes in the event of a complaint and that we have your consent to do so.

It is your right to have a copy of any information that your physiotherapist sends to us. Should you require a copy you should request this from the Central Office by calling 08450454845.

Nuffield Health will seek payment from your insurer or through a third party funder. If payment has not been made against any treatment in part or whole, then you will be held responsible for the outstanding balance.

Declaration: I, (print name)

Of: (print address)

Confirm that I have read and understand the information outlined above.

Signed:

Dated:

Nuffield Health Wellbeing Division will process your personal data in accordance with the Data Protection Act 1998. Nuffield Health is a Data Controller registered with the UK Information Commissioner (registration number Z6668741) Information can be accessed via www.ico.gov.uk. Our full privacy statement which details the management of your personal information can be found on our website at www.nuffieldhealth.com

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