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| **Title:****Last Name:****First Name(s):****DoB:****Age:****Occupation**: | **Next of Kin:****Relationship:** **Contact number:** |
| **Address:**  | **Contact numbers:****Home:****Work:****Mobile:****E-mail:**  |
| **GP:****Address:** | **Medical Insurance Company:****Policy No:****Authorisation Code:****Number of Sessions authorised:** |
| **Confidentiality of your Medical Records:**In line with confidentiality guidelines for medical related data and the ethical codes of conduct for healthcare professionals, your sessions are confidential. Your medical records are stored in electronic and paper form. Sometimes, Dr Jill Neilson may need to talk to others about your care, she will only share your confidential information with other professional involved in your care, or other professionals, if she believes that it improves your treatment. Dr Neilson will have to share information if she thinks that you, or others may be at serious risk of harm, or is required to do so by law. She will of course discuss this with you first and is happy to discuss any queries you have about this.**Do you give consent for Dr Jill Neilson to write to your GP? Yes [ ] No[ ]****Do you give consent for Dr Jill Neilson to write to the referrer/other relevant clinicians?**  **Yes [ ] No[ ]****Would you like a copy of any of the above letters?** **Yes [ ] No[ ]** | **Use of Personal Information:**Dr Jill Neilson provides services through DJN Consultants Ltd. Your personal information will be used by Dr Jill Neilson and DJN Consultants Ltd strictly in accordance with our Privacy Notice . Invoices will go to the person or organisation that you identify is responsible for your treatment.**Do you give Dr Jill Neilson and her administration team permission to contact you, your medical insurance company or whomever you identify as being responsible for your payment by****Telephone [ ] Email [ ] Post [ ]**When all invoices have been settled and you are discharged from treatment with Dr Jill Neilson, personal data such as contact details and insurance details retained by DJN Consultants Limited will be confidentially destroyed.Please note that by law some medical records have to be kept for up to 20 years.You can review and update any information at any point in time by contacting Dr Jill Neilson. |

By signing below you are giving consent you have read and understood the above are authorising Dr Jill Neilson and her administration team to share confidential information as outlined above.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dr Jill Neilson - DJN Consultants Limited**

**Terms and Conditions**

1. **DJN Consultants Limited operates a 48 hour cancellation policy.** If your circumstances change and you find that you are no longer able to attend this appointment, please let us know as soon as possible so that we can reschedule the appointment for you to a more convenient date and time. Please note that if you do not contact us within 48 hours or fail to attend the scheduled appointment, your will be invoiced for the costs incurred. **Cancellation notification must be made by telephone or text to 07973 217950 or by email to jill@drneilson.co.uk.**
2. **Self-Funded Client Payments:** Invoices will be sent following appointments and must be settled within 21 days from the date of invoice. Bank transfer and cheques are accepted. With regret we do not take any card payments. Failure to make payment within 60 days of the due date may result in the matter being referred to a Debt Collection Agent or Small Claims Court; any associated charges will be added to, and payable with the invoice debt.
3. **If using your private Medical Insurance Cover:** you must bring along to your first consultation a valid membership number and an authorisation/claim number for the condition being treated. You must also inform us of the number of sessions authorized and if there are any limitations to your treatment cover. Your insurer will inform you of all this. Should you not have this information with you on the day, we will not be able to process our claim and would kindly request that you make payment at the end of your appointment. An invoice will be issued to you so that you can directly claim back from your medical insurer any reimbursement due. Please note DJN Consultants Limited does not accept responsibility for any claims not settled by your medical insurer. You will be liable to settle any shortfalls or any unpaid invoices by your medical insurer.
4. **DJN Consultants accepts the following medical insurances: AXA PPP Healthcare/WPA/CIGNA/Pru Health/Simply Health/BUPA International/Vitality.** Ifyour medical insurer is not listed above please check with them and us as they still may cover your treatment.
5. **If your private medical insurer is based outside the UK excluding** BUPA International and CIGNA International. DJN ConsultantsLimited kindly requests that you pay at the end of each consultation. An invoice will be issued to you so that you can directly claim back from your medical insurer any reimbursement due.

I have read and understood the above:

Signed:……………………………………………………………………………………………

Print Name:………………………………………………………………………………………

Dated:……………….……………………………………………………………………………