

**EYE HEALTH CARE – SIMON HORGAN LTD
OUTPATIENT REGISTRATION FORM**

Please complete the registration form by printing in block capitals. Where the patient is 17 or less, their parent or guardian should complete the form. Please ensure to read and sign the declaration and consent at the bottom of the page.

<p>Patient's Personal Details</p> <p>Title _____ Surname _____</p> <p>First Name(s) _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Postcode _____</p> <p>Parent/guardian (if patient under 18)</p> <p>_____</p> <p>Telephone (m) _____</p> <p>Telephone (h) _____</p> <p>Telephone (w) _____</p> <p>Email _____</p> <p>Occupation _____</p>	<p>Referring GP or Optometrist Details</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>_____</p> <p>Insurance Details (please complete a new registration form at any time there is a change to billing)</p> <p>Self Pay? YES/NO _____</p> <p>Are you able to pay via bank transfer? YES/NO _____</p> <p>If not, please let Mr Horgan know and a card payment will be taken at the end of your consultation.</p> <p>Insurance Co _____</p> <p>Policy No _____</p> <p>Pre-Authorisation No _____</p> <p>Please note: If you do not supply the correct membership number & pre-authorisation number, we will be unable to submit our invoice to the insurer.</p>
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Declaration and consent:

I confirm specialist treatment has been recommended and that to the best of my knowledge and belief, the information I have given on this form is true and correct. Where required to assess my claim, I consent to my insurer obtaining a medical report from my specialist as to the history and nature of the condition or its treatment. I authorise my Consultant and the facility where I am seen, to submit my claim and accounts directly to my insurer on my behalf. In the absence of a preauthorisation number, I understand I may be required to settle the account at the time of treatment from both the Consultant and the clinic/hospital. Fees have been provided to me.

PLEASE CONTINUE OVER THE PAGE TO READ MORE AND SIGN

PRIVACY STATEMENT

Declaration and consent

By signing this form I authorise Eye Health Care to use information about me as stated by me and to submit their invoices directly to me or my insurer. If my insurance is based outside the European Economic Area I give the Eye Health Care permission to send my data to organisations outside the European Economic Area. If the invoices are not met by an insurer or third party, I undertake to settle these accounts promptly on receipt of invoice.

Consent for collecting, storing and processing personal information

In order to provide you with the best care possible, the Eye Health Care needs to record and store information about you. We will keep a record of contact details, next of kin and clinical information.

Your data will be used to:

- provide health care
- complete insurance claims and invoices
- Report activity to regulatory organisations.

Your data will be shared with:

- Your consultant and other healthcare specialists involved in your care including your GP.
- Primary Medical Insurances and debt collection agencies if necessary.
- Regulatory organisations
- Practice Manager, operated by the Clan William Group, for completion of correspondence and invoicing, whose privacy agreement Eye Health Care has signed

Eye Health Care stores data according to the NHS Records Management Code of Practice for Health and Social Care 2016 which ensures the maximum level of security and accuracy of your data.

You have the following rights regarding your data:

- The right to be informed about what data is stored
- The right to access the data
- The right to rectification of data
- The right to erasure of the data
- The right to restrict processing of the data
- The right to data portability
- The right to object to us storing your data

If you have any concerns about Eye Health Care storing and processing your data, please contact the Practice Manager on 020 7060 9911.

Please tick the appropriate box to confirm that you consent to Eye Health Care storing your information.

DECLARATION AND CONSENT

Please read the details above and the statements below which relate to communicating about your treatment NOT marketing and sign:

I agree to Eye Health Care's terms and conditions

I consent to the Eye Health Care storing and processing my personal data

I confirm that I have received information regarding fees

[fees are provided by email, post, seen in clinic and are available on the website: www.eyehealthcare.co.uk]

I am happy to be contacted by telephone

I am happy to be contacted by email (we will use encrypted email to send your clinic letter and any invoices payable by you).

Signed.....Dated

(Parent if under 18)

NAME (PRINTED)(patient or parent/guardian)

Would you like a copy of this form scanned and emailed to you? Y/N