

The Independent Health Care Plan

The Independent General Practice Patient Contract

The Independent Health Care Plan is the contract under which the Independent General Practice will provide medical consultation, examination, diagnostic and management medical service to patients who register with us by signing this agreement ("The Independent Health Care Plan").

The service will be provided at our premises in Haywood House, Dumfries Place, Cardiff; or such other premises within South Wales as we may occupy from time to time. The hours of provision for the service are between 8 am and 6 pm Monday to Friday.

Out of hours cover is not routinely supplied by the Independent General Practice. You should contact your NHS GP surgery or telephone NHS Direct on 0845 4647. In an extreme emergency you should dial 999.

The Independent Health Care Plan is designed to complement the services supplied by your NHS GP and The Independent General Practice strongly recommends that you maintain your existing NHS GP registration.

The Independent General Practice agrees to fully respect the needs of their registered patients. They undertake to practice within their capabilities and to refer to specialist practitioners where we deem appropriate. Facilities will be regularly monitored and updated, with equipment being calibrated and serviced on a regular basis.

In return for these services and facilities, registered patients will be charged the monthly fee shown on the attached Schedule. (The monthly fee will be reviewed each year on 31st December and any change in fee levels will be notified to you). The fee will be charged either monthly or annually via Credit Card – after completion of the credit card authorisation form. Monthly or annual standing order payments from your bank or building society account can also be arranged. You can terminate this agreement by giving one month's notice in writing to us.

Charges for additional services will be explained and agreed prior to procedure and these must be settled before leaving the premises.

Please indicate whether you require a chaperone to be present when you see the Doctor or Nurse.
Yes / No (please delete as appropriate)

I agree to the terms and conditions of The Independent Health Care Plan.

I enclose a signed standing order mandate.

Patient names

Signatures of Adults

Date

This practice complies with the Data Protection Act. Information concerning your health will be kept confidential. However, please be aware that information you give us may be recorded and may be shared in order to provide you with care. It may also be used to support local clinical audit and other work to monitor the quality of care provided, on an anonymous basis. If you have any questions regarding this, please do not hesitate to contact us. I understand I have a right to access my own records.

Except in respect of death or personal injury caused by the Company's negligence the Company shall not be liable to the Patient by reason of any representation or any implied warranty, condition or other term or any duty of common law or under the express terms of the Contract for any consequential loss or damage (whether for loss of profit or otherwise) costs, expenses or other claims for consequential compensation whatsoever (and whether caused by the negligence of the Company its employees or agents or otherwise) which arise out of or in connection with the performance of the Services and supply of the Goods or their use or resale or disposal by the Patient except where expressly provided in these Conditions.
The Company limits liability to the extent of the Company's insurance cover.