



## Paying for Yourself

### Terms & Conditions

This document explains the Terms and Conditions that apply when you pay for treatment yourself as a private patient of Northumbria Healthcare NHS Foundation Trust (the "Trust").

Please read this document carefully before signing the acknowledgement below. If you have any queries regarding these Terms and Conditions please contact [*details*].

These Terms and Conditions, together with our written quotation form the basis of our contract with you.

### Initial consultant assessment and quotation

We will provide a fixed quotation for your treatment. Our fixed quotation will be provided to you following a satisfactory initial consultant assessment and will remain fixed for 60 days from the date of issue.

The provision of your treatment is then subject to a clinical pre-assessment prior to admission and the service you require being a service provided by the Trust.

### Payment

Our fixed quotation will include your clinical pre-assessment and any consultants' fees for your treatment. The Trust will collect those fees as agent for your consultant and anaesthetist who are independent practitioners when treating private patients.

**You will be required to pay for the amount specified in the quotation for your treatment in full at least seven (7) working days prior to your admission to hospital and before receiving any treatment.**

Invoices will be issued from Northumbria Healthcare NHS Foundation Trust as the operator of Northumbria Health

You can pay for your treatment by credit or debit card or bank transfer.

No refund will be given if you decide not to proceed with the treatment after your admission to hospital or if you decide to discharge yourself at any time against the advice of your consultant or nursing team. Please also see the cancellation charges section below.

For the avoidance of doubt, you will not be admitted to hospital for your treatment until we receive payment in full in accordance with the above.

Please note that for some diagnostic procedures you may receive two separate invoices, one for hospital fees from the Trust which is payable to the Trust and one directly from the consultant responsible for your diagnostic procedure which is payable to the consultant. You will be informed of both the hospital costs and the consultant fees in advance of agreeing to proceed with the procedure. The payments terms above will apply in respect of such invoices.

### Clinical pre-assessment

The consultant and medical team providing your treatment must be satisfied that you do not have any pre-existing medical conditions, or other factors, that are likely to give rise to complications, or the need for additional treatment during your stay. Before your admission to hospital, our clinical pre-assessment service will establish that we are able to treat you at one of our hospital sites. We reserve the right not to provide treatment if it is not clinically appropriate for us to do so at any point.

### Cancellation charges

If you cancel your treatment:

- more than 14 days before the date of planned treatment, a full refund will be given;
- between 14 days and 24 hours of the date of planned treatment, cancellation charges of 50% of the total fee will apply and a 50% refund will be given;
- within 24 hours of the date of planned treatment, or you do not attend at the correct time, you will be liable for the full charge and there will be no refund.  
Clinical pre-assessment charges will be included in the price you are quoted. If you decide not to go ahead with your treatment after you have had the clinical pre-assessment you may still be charged the fee for the clinical pre-assessment as appropriate.  
For any cancellation which is 14 days or less before the date of planned treatment, where any item/s specific to your treatment have been ordered by us and cannot be returned, we will be entitled to charge you for such item/s unless your treatment is rescheduled within the 60-day period during which your quotation remains valid.  
If following your clinical pre-assessment, your consultant determines it is not suitable to proceed with treatment, a full refund will be given.  
In the unlikely event that the Trust has to cancel your treatment and is unable to reschedule with you, a full refund will be provided.

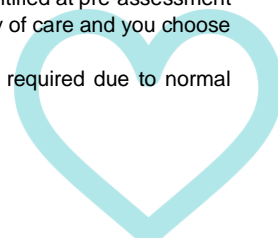
### Treatment

The following is included in the price detailed in our quotation:

- All consultant fees for the duration of stay;
- Fees for out-patient consultations with your consultant following surgery, as clinically required in relation to original procedure;
- All hospital services (this includes meals);
- Agreed Prosthesis – where applicable;
- Drugs and other materials used during hospital stay;
- Additional costs necessary to provide treatment e.g. hire of special instruments and equipment;
- Critical care if required;
- Outpatient treatment that you may require after you leave hospital that relates to the procedure, including routine physiotherapy, removal of sutures, removal/application of plaster cast, routine radiology and pathology when relating to original procedure;
- Re-admission for medical complications arising from the original procedure, subject to following post-operative recommendations as set out by treating consultant;
- Replacement prosthesis in accordance with the manufacturer's warranty if the prosthesis fails during its expected lifetime.

The price detailed in our quotation does not include:

- Any initial outpatient diagnostic services other than those directly related to clinical pre-assessment prior to admission;
- Fees for outpatient consultations before surgery, which will be invoiced to you directly by your consultant unless otherwise specified. These prices are not set by the Trust, but by your consultant;
- Personal charges for example, newspapers, guest's food and beverages and telephone calls;
- If you choose to remain an inpatient at the Trust hospital after your consultant has advised there is no clinical reason for you to stay, we will make an additional charge for each night that you remain in hospital;
- Treatment of other conditions identified at pre-assessment which require a separate pathway of care and you choose to remain a private patient;
- A replacement prosthesis where required due to normal wear and tear;





- Any long-term care that may be required (whether provided at your home or otherwise);
- Any revision procedure which is not clinically required (clinically required means where further intervention and/or monitoring of your condition is deemed necessary as a direct result of the original surgical intervention).

### Data Protection and patient confidentiality: how we use your information

"Data Protection Laws" means all applicable data protection and privacy legislation, regulations and guidance including:

(i) Regulation (EU) 2016/679 (as incorporated into UK legislation by way of the European Union (Withdrawal Agreement) Act 2020 and as amended by the Data Protection, Privacy and Electronic Communications (Amendments etc) (EU Exit) Regulations 2020, together forming the "UK GDPR") and the Privacy and Electronic Communications (EC Directive) Regulations 2003;

(ii) the Data Protection Act 2018; and

(iii) all applicable law about the processing of Personal Data and privacy,

and all other legislation and regulatory requirements in force from time to time which apply relating to the use of Personal Data.

The Trust and the clinicians responsible for your treatment (including their medical secretaries) will process all personal data (as defined in the Data Protection Laws) which it/they hold about you in accordance with its/their data protection obligations and the duty of confidentiality, and the Trust's Privacy Notice ("PN") which can be found at: <https://www.northumbria.nhs.uk/about-us/privacy-policy/#d8943ceC>. The PN describes in detail how we will manage, use and store your personal data and sets out the purposes for which the Trust and the clinicians responsible for your treatment (including their medical secretaries) manage, use and store your data.

The Trust will require your consent in order to carry out certain activities, in particular for marketing purposes. If you do not consent for us to process your personal data in order to carry out marketing activities, we will still be able to provide you with treatment as we

have an alternative legal basis to do so (as set out further in the Trust's PN).

As part of a UK-wide programme to improve the public's access to information on the quality and outcome of private healthcare, the Trust is required to share certain information related to your treatment with the Private Healthcare Information Network ("PHIN"), an organisation who will monitor outcomes of patients who receive private treatment.

As the Trust is under a specific legal obligation to share information relating to your private treatment and care with PHIN, we do not require your consent to do so. PHIN, like us, will apply the highest standards of confidentiality to personal information in accordance with Data Protection Laws and the duty of confidentiality. Further information about how PHIN uses information, including its privacy notice, is available at [www.phin.org.uk](http://www.phin.org.uk). We will be happy to print a copy for you if you prefer.

If you have any concerns, or object to any of the purposes for which the Trust processes your personal data as set out above, please contact the Trust's Data Protection Officer at: [Tracey.best@northumbria-healthcare.nhs.uk](mailto:Tracey.best@northumbria-healthcare.nhs.uk).

If you have any concerns, or if you object to any of the purposes for which the clinicians responsible for your treatment (including their medical secretaries) process your personal data as set out above, please contact your clinician directly.

### Acknowledgement

I confirm that I have read and that I understand the above Terms and Conditions, The fees payable for the services have been explained to me and I understand that I am legally responsible for all hospital charges related to those services. I agree to pay for any and all services provided by the Trust in accordance with the Terms and Conditions set out above.

Signature ..... Patient (or Representative)

Date.....

