



Your Consent For Cosmetic Surgery

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team@pallmallcosmetics.co.uk

www.pallmallcosmetics.co.uk

1) General information

Prior to your procedure taking place it is necessary to obtain an accurate and detailed medical history.

Please complete the following documents to the best of your knowledge providing as much detail as possible.

Patient information

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other: _____
Gender:	<input type="checkbox"/> Female			<input type="checkbox"/> Male	
Patient name:					
Patient Date of Birth:					
Patient address:					
Postcode:					
Telephone:					
Email:					

Consultation information

Consultation date:	
Clinic attended:	
Proposed procedure:	
Consultant:	

GP details

GP name:	
GP address:	
GP telephone:	
GP fax:	

Additional information

If you are under the care of any other health care professional (specialist doctor, ophthalmologist, or psychiatrist) please provide full details below.

Name:	
Practice address:	
Telephone:	

I confirm that the medical history contained in this document is accurate and complete.

Patient initials:	
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2a) Medical Records Consent

Voluntary consent to contact my GP with information regarding my medical history in relation to any forthcoming consultation and/or procedure, subject to the requirements of the Practitioner/Surgeon.

I understand that withholding any medical information may be detrimental to my health and safety during and procedure that is undertaken by the surgeon.

I understand that my procedure is subject to the surgeon's consultation and medical clearance from the anaesthetist and surgeon.

I DO consent to Pall Mall Cosmetics contacting my GP

I DO NOT consent to Pall Mall Cosmetics contacting my GP

Patient initials:

2b) Photography Consent

All patients are required to have photographs taken for their medical records; several photographs will be taken throughout the patient journey. Having pre-operation & post-operation photographs is essential for documenting accurate records of your results and recovery.

We kindly ask you to share your photography to help future patients understand the results they can achieve with their procedure. Please tick below if you are happy for Pall Mall Cosmetics to use your photographs on our website and marketing literature - we will cover all sensitive/private areas before publishing.

I consent for you to use my photos but please cover all sensitive areas and anonymise the images by covering areas that may allow people to discover my identity.	<input type="checkbox"/>
I consent for you to use my name and photos but please cover all sensitive areas.	<input type="checkbox"/>
I consent for you to use my anonymised photos on your website only.	<input type="checkbox"/>
Please do not use my photos.	<input type="checkbox"/>

Pall Mall Cosmetics (or Medical) do not share your photographs or medical records with any 3rd parties.

Patient initials:

Patient signature:

Patient name (PRINT):

Date:

3) PHIN Consent

As part of a UK-wide program to improve the public's access to information on the quality and outcome of private healthcare, we share some of your personal data (NHS Number in England and Wales, CHI Number in Scotland or Health and Care Number in Northern Ireland) with The Private Healthcare Information Network (PHIN). PHIN then sends this Number to the relevant national information authority (for example NHS Digital in England) which links it to national hospital data and mortality data. The linked information, with your personal data removed, is then provided to PHIN to measure quality of care, check for adverse events after discharge from this hospital, such as unplanned readmissions to hospital, emergency transfers between hospitals, or deaths following treatment.

Additionally, the records we send to PHIN will include your postcode to enable statistical processing.

Personal information is treated with high standards of confidentiality in accordance with data protection laws and the duty of confidentiality. Any information that is published will always be in anonymised statistical form and will not identify you. This information will not be shared or analysed for any purpose other than those stated above.

Further detail is contained in PHIN's Privacy Notice, a copy of which should have been made available to you with this form. Alternatively, a copy is available on PHIN's website (phin.org.uk).

Your consent for your personal information to be processed in this way is entirely voluntary. You do not have to give consent and are free to withdraw consent at any time without giving any reason, and without your medical care or legal rights being affected.

I have read and understood how my personal data may be used, and agree to this purpose (this is a mandatory requirement)

Patient signature:	
Patient name (PRINT):	
Patient NHS number:	
Date:	

4) Breast and Cosmetic Implant Registry Consent

Breast and Cosmetic Implant Registry (mandatory requirement)

Participant Consent Form

To be completed only after reading the Participant Information Leaflet

Local Lead Clinician:

1. I confirm that I have read and understand the information leaflet about the Breast and Cosmetic Implant Registry. I have had the opportunity to consider the leaflet and to ask questions that have been answered.
2. I understand that the information recorded will include my NHS number, family name, first name, postcode and date of birth which can identify me. I understand that this information will be shared securely with NHS Digital and included in the Breast and Cosmetic Implant Registry.
3. I understand that reports from the Breast and Cosmetic Implant Registry will not include any information that will identify me. If for patient safety reasons, in the future, I need to be contacted; my personal details will be used from the registry. If I am a resident of England, NHS Digital will attempt to trace my up-to-date address, using records held on a central NHS database. These details will only be shared with the organisation that performed the surgery so that I may be contacted. If the organisation that performed the surgery no longer exists, then I will be contacted by NHS Digital.

Patient signature:	
Patient name (PRINT):	
Date:	

5) Procedure Consent Form

Procedure Information

Procedure name:			
Date of Birth:		Anaesthesia (GA, LA, Sedation):	
Theatre or Treatment Room:		Estimated Theatre Time:	
Day case / overnight stay:		Special Requirements:	

Please read this form carefully. If your treatment has been planned, you should already have details describing the benefits and risks of the proposed treatment. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

For patient:

- ✓ I agree to the procedure or course of treatment described on this form.
- ✓ I understand that where planned I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure.
- ✓ I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health.
- ✓ I confirm that I have received the relevant Patient Information Booklet.
- ✓ I have discussed the benefits and risks of the operations and I understand and accept them. I have also had time to ask questions.
- ✓ I confirm that all the topics detailed above have been discussed. I agree that I have received all the relevant information detailed above and I have had adequate time to ask questions and discuss any concerns.
- ✓ I understand the procedure will be carried out by the surgeon using his best professional skills to achieve the best outcomes, however despite this there are no guarantees that the outcomes will be exactly as I had hoped.
- ✓ I understand that to achieve further improvements that I may request, may result in revision surgery charges.
- ✓ I confirm that I am aware that photographs will be taken entirely for my patient record, throughout the course of my journey and my consent is given at this stage and will apply throughout.

Patient signature:	
Date:	

For surgeon:

- ✓ I confirm I have discussed all risks and complications as indicated above.
- ✓ I confirm I have explained all the alternative options to surgery and provided the patient with adequate time to ask questions.
- ✓ I confirm I have explained to the patient realistic expected outcomes and the patient understands these. Any limitations have also been explained.
- ✓ I confirm I have performed a full consultation in line with my training and qualifications.
- ✓ I have confirmed with the patient that she/he wishes the procedure to go ahead.
- ✓ I confirm that I have reviewed this patient's medical history and performed a full consultation. In my professional opinion I am carrying out this procedure for cosmetic purposes.

Surgeon signature:	
Date:	

6) Procedure Terms & Conditions

The Terms and Conditions of this Contract apply to all services and procedures carried out at the Facility by the consultant/surgeon. These terms and conditions take precedence over the contents of any literature or written material provided to the Patient where such contents conflict with these Terms and Conditions.

Definitions

“Consultation” is a pre-operative meeting between Patient and consultant/surgeon at which the Patient’s suitability for the procedure is considered.

“Cost” means Total Surgery Price as detailed on the quotation provided to the patient.

“Facilities” means the premises from where Pall Mall Medical delivers its services.

“Facilities Provider” means Pall Mall Medical (Manchester) Ltd.

“Pall Mall Cosmetics” is the trading name of Pall Mall Medical (Manchester) Ltd.

“Pall Mall Medical (Manchester) Ltd” uses the trading names of Pall Mall Medical, Pall Mall Cosmetics, PMM, registered in England, Registered Office: Queens Court, 24 Queen Street, Manchester, M2 5HX, Registered Number: 06980523.

“Patient” means any person who has entered into a contract with Pall Mall Medical and the consultant/surgeon working in the Facilities.

“Patient Information” means the information supplied to the Patient by the consultant/surgeon, the provider, or Pall Mall Medical on or offline.

“PMM” is the abbreviated name for Pall Mall Medical.

“Procedure” means the treatment/surgery carried out by a consultant/surgeon.

“Consultant” a specialist doctor who is registered with the GMC who provides carries out your surgery procedure.

“Anaesthetist” a specialist doctor who is registered with the GMC who provides anaesthetic services to the patient during surgery.

“General Medical Council” (GMC) is a public body that maintains the official register of medical practitioners in the United Kingdom.

“PMM Clinical Team” – A team of clinically and medically trained staff who review patients and can approve clinical decisions should they be deemed appropriate.

“Reflection and Cooling off Period” a period of 14 days from the initial consultation with the Medical Practitioner/Surgeon/other Clinician.

“Additional Fees” are additional fees where revision or additional surgery is carried after the initial operation. These fees will include include surgeons fee, anaesthetist fees, hospital facility fee and any replacement implants.

Pall Mall Medical Obligations and Warranties

1. Surgeons are registered with the General Medical Council or General Dental Council and are obliged to maintain full Private Practice Medical Indemnity Insurance with the appropriate insurers.
2. Consultants will have been granted Practising Privileges at the hospital/clinic where they are to perform surgical procedures.
3. Surgeons, Medical Practitioners and Anaesthetists are engaged as independent contractors and are professionally and legally liable for and directly accountable to the patient, for their own tortious acts, clinical advice and treatment and breach of contract.
4. PMM is not vicariously or in any way liable for the acts, omissions or breach of contract by the independent surgeon or doctor, such liability remains always with the surgeon or doctor.
5. All surgeons are always self-employed and make their own clinical decisions. The decision to carry out surgery shall be at the discretion of the Consultant/Surgeon and the Anaesthetist only.

Patient's Obligations

6. This contract is conditional upon the acceptance of the Patient by the consultant/surgeon based upon information given by the Patient during the Consultation with him/her. The decision to carry out surgery shall be at the discretion of the consultant/surgeon and the anaesthetist only.
7. The patient warrants that having read and understood these Terms and Conditions that no cause of action in negligence will accrue against the Facility Provider for any procedure carried out by the surgeon. The patient further warrants that he or she fully understands the range of possible outcomes of the proposed procedure and has read and understood the Patient Information, if provided.
8. The Patient acknowledges that the staff employed by the Facility Provider is not a Doctor or Surgeon. Any advice relating to the procedure that the staff may give is purely of a general non-medical nature and should not be relied upon. This includes all staff employed by the Facility Provider. If the Patient has any queries or concerns, then these should be raised during the consultation with the consultant/surgeon or other suitably qualified clinical staff before their surgery.
9. The Patient agrees to provide a health history that is honest, accurate, reliable and complete. The Patient understands that withholding any medical information knowingly or unknowingly could be detrimental to his or her health and safety and may result in cancellation of the procedure. The Patient agrees that if any change occurs in his or her medical history or status to inform the consultant/surgeon without delay and to keep them informed.
10. The patient must follow the advice & guidance given by the nurses in the post-operative appointments and the advice given by the surgeon throughout the patient journey.
11. The minimum age for any Consultation or surgical procedure is 18 years of age.

General Obligations

12. The Patient agrees that in signing this set of Terms and Conditions that he/she has understood the terms and has been given an opportunity to seek explanation. The Patient agrees that he/she has fully discussed and agreed with their consultant/surgeon as to the procedure that has been planned for before your operation and that you understand all the potential risks and benefits. The Patient agrees that the procedure will be carried out by the surgeon using his best professional skills to achieve the best outcomes, however despite this there are no guarantees that the outcomes will be exactly as the Patient had hoped. You must sign this form before surgery commences. The Patient accepts that Facilities Provider carries no liability for any breach of contract between the Patient and the consultant/surgeon/anaesthetist. Any and all liability lies with the consultant/surgeon/anaesthetist. The Facility Provider's liability is limited to any breach of contract regarding the Facilities.
13. The Patient will be required to sign a Medical Consent Form at the hospital/clinic prior to surgery.
14. In the interest of patient safety and welfare, we reserve the right to cancel or postpone your procedure, although such changes will be avoided wherever possible. The Patient understands that no consequential loss will be payable for the short notice cancellation of any procedure/appointment.

PMM Surgery package inclusions

15. Pre-Admission

- a. Consultation, assessment and physical examination with a Consultant Physician/Surgeon.
- b. There will be a 14-day reflection/cooling off period from the day of the initial consultation.
- c. Pre-operative screening – to include all routine pre-operative blood tests and other investigations related to your procedure. If your clinician feels you require additional tests and diagnostics, then these may be invoiced separately.

16. Hospital Stay

- a. The appropriate night hospital stay, as confirmed to you in writing at the time your surgery is confirmed
- b. All nursing care and facilities.
- c. All theatre fees and dressings.
- d. All surgeon and anaesthetist fees.
- e. Any necessary prosthesis, as agreed to you in writing at the time your surgery is confirmed.
- f. Additional night stay in the hospital may require additional charges and will be discussed with you in before the additional nights stay are confirmed.

17. Admission

- a. We aim to offer all patients their first choice of admission date. However, in certain circumstances this may not be possible, and we reserve the right to change the date of admission. Should the admission date need to be changed, we will give maximum prior notice whenever possible.
- b. Hospital costs incurred which are not included in the package will be charged at the hospital's standard rates.
- c. Your surgeon will meet you prior to your procedure during the pre-operative consultation stage. The possible risks and complications associated with your procedure will be reiterated during this process and you will be asked to sign a Medical Consent Form.

18. Discharge

- a. The decision as to whether you are fit for discharge is at the discretion of your Consultant. Should you wish to stay in hospital after you have been declared fit for discharge, the hospital's standard charges will apply and will be subject to availability of beds and staff.
- b. If you discharge yourself against the advice of your Consultant no further services will be provided as part of your package.
- c. If you require or request an overnight stay, but prior to surgery requested and paid for a day case procedure only, you may be liable for an additional charge of £1,000. This charge will need to be paid directly to PMM within 30 days of discharge from hospital.
- d. No refund will be given if you leave the hospital earlier than expected.
- e. You will require a chaperone to escort you home.

19. Aftercare package

- a. Take home medication (for example analgesics, antibiotics) for up to 5 days following discharge.
- b. Post-operative instruction leaflet to be given by the nursing team.
- c. Unlimited post-op care from nursing team and/or surgeon, where appropriate.
- d. Any prescriptions related to the surgery / procedure.
- e. Scheduled telephone contact with Nurse / Coordinator post-operatively.
- f. PMM reserves the right to apply a cancellation fee to any appointment that is not cancelled with 72 hours' notice. This will be charged at £25.
- g. Out of Office Hours Helpline for clinical emergencies.
- h. Any implant related warranties will be provided to you separately upon discharge by the nursing team.
- i. A full copy of the aftercare package is available online at pallmallmedical.co.uk/surgery-aftercare.
- j. Any **emergency** re-admission surgery including haemotoma, seroma, medical complication. This does not include routine, elective or revision surgery.
- k. You must be able to attend the Newton-le-Willows Hospital for any pre- and post-operative care that cannot be carried out in the Manchester or Liverpool clinics. Where possible PMM will provide an appointment at the clinic closest to you. However, for complex post-operative cases we require you to attend the Newton-le-Willows Hospital. If you feel you are unable to attend the Newton-le-Willows Hospital for your pre- and post-operative care, you must speak to your Patient Coordinator before you have any surgery. Failure to attend post-operative appointments at the hospital may prevent PMM from continuing the provision of aftercare to you.

- l. If you purposely do not follow post-operative advice followed by the surgeon, nurse or anaesthetist, your aftercare may be voided preventing PMM from continuing the provision of aftercare to you.
 - m. For up to 2 years after your original operation, where you and your surgeon both agree that further surgery is required as a result of surgical complications such as contracture, PMM will provide, if clinically appropriate, revision surgery, including hospital and anaesthetist fees, free of charge. This applies to any other surgical complications from the date of your original operation. If your surgeon decides that the results the procedure fall within the acceptable normal limits of surgery, or the results are in line with the expectations set out by the consultant during consultation stage, fees may be payable for revision or additional surgery. These Additional fees will include surgeons fee, anaesthetist fees, hospital facility fee and any replacement implants. In all cases where further surgery is requested by the patient will result in additional fees.
 - n. We work very hard to ensure all post-surgery outcomes are in-line with the pre-surgery expectations. In instances where you are not happy with your result, we invite you to come back to the clinic to meet with the surgeon who performed your surgery. If you and your surgeon both agree that the result is not what was agreed, you will be provided free of charge revision surgery in line with your 2 years inclusive aftercare.
 - o. If you and your surgeon are not in agreement that revision surgery is necessary, you may have the option to be referred to another surgeon for a second opinion. Following the second opinion, our clinical team and the surgeon will determine whether or not you are entitled to free of charge surgery. This decision will be a full and final decision.
 - p. Revision surgery if determined necessary may be offered on set days outside of standard operating days.
 - q. Any changes in appearance, including lifestyle, pregnancy, illness or the natural ageing process, that have a considerable effect on the results of the original surgery, may prevent PMM providing free of charge care.
 - r. If a test or diagnostic is required as part of the treatment plan or to ascertain if treatment is required then, depending on the circumstances, the cost may not be covered by PMM.
 - s. You must follow the advice & guidance given by the nurses in the post-operative appointments and the advice & guidance provided in the literature provided to you by the PMM team. Failure to do so may prevent PMM from continuing the provision of aftercare to you.
20. Discharge appointment
- a. After your routine post-operative care is completed by the surgeon and nurse, you are required to attend a 30 minute "discharge appointment" with our specialist nurse. It is your responsibility to schedule this appointment.
 - b. During the discharge appointment, the nurse will do a full & final check of the surgery site, including checks for infection, bleeding and wounds.
 - c. Discharge appointment:
 - i. For procedures that were carried in theatre under local anaesthesia, or general anaesthesia, your post-op discharge appointment will take place 12 weeks after your surgery (however this may vary for various reasons).
 - ii. In the rare occasions where you have a wound, infection, bleeding, or other post-operative complication, your discharge appointment will be scheduled 4 weeks after the post-operative complication is concluded.
 - iii. Should you have any complications then additional appointments will be offered as and when required.
 - d. Attendance of the discharge appointment does not mean your aftercare is complete. Instead, it is a crucial checkpoint in your post-operative journey. You will still have full access to nurse & surgeon care if you need it after this point.
 - e. Failure to book or attend your discharge appointment may prevent PMM from continuing the provision of aftercare to you.

PMM Surgery package exclusions

21. Diagnostic tests or services not included in the package quoted above except routine ones as part of your pre-op
22. Personal costs during your hospital stay such as room international telephone calls.
23. Any medication prescribed after discharge from the hospital (medication at discharge are included).
24. Any additional surgery or investigations or costs associated with hospital re-admission that are not covered by 2-year aftercare.
25. Ambulance or other transport costs unless specifically included in the package.
26. Hotel accommodation costs, unless specifically included in the package.
27. Additional written correspondence to GPs, Consultants and Cosmetic Surgeons outside PMM will attract an additional charge and could take up to 14 days.

28. Any cost not specified as included.
29. PMM is not responsible for costs associated with travel to other clinics or practitioners even if they are recommended by us, this includes all pre- and post-operative care.
30. PMM do not cover the cost of loss of earnings for a patient or their chaperone/family.

Complications

31. All cosmetic surgery carries an element of risk.
32. Complications will be discussed with the surgeon during your consultation. If you have questions relating to the risks, you should speak with your surgeon at the earliest possible opportunity.
33. PMM will not accept liability for complications arising from procedures or adjustments performed elsewhere by other organisations or practitioners.
34. On very rare occasions a pre-existing condition may be diagnosed during surgery which prevents the surgeon from continuing with the procedure. In such circumstances costs associated with the hospital, surgeon and anaesthetist will be payable in full, though costs associated with aftercare will be refunded.
35. Smoking increases the risk of an operative or postoperative complication. If you do smoke, you should inform your surgeon who may require you to stop for a period before the operation. Failure to do so could, at the consultant's discretion, result in the procedure being rescheduled for a later date or cancelled and funds being retained by PMM. If PMM are aware that smoking has continued during your recovery this will be recorded and may affect your aftercare.

Written Quotation

36. You will be provided with a written quotation for your procedure, which will state both the price and the number of nights stay and any special prosthesis.
37. Unless otherwise agreed in writing by us, the price for the surgery will be the price set out in the written quotation.
38. PMM reserves the right to withdraw the written quotation at any time prior to surgery.
39. PMM reserves the right not to offer either a treatment package or treatment for any reason.
40. PMM may increase the quoted price at any time prior to the surgery, if information becomes available which, in the opinion of PMM may increase operative risks or require further investigations.
41. Patients with major medical complications such as heart disease, diabetes, chronic obstructive airways disease, sleep apnoea syndrome etc. may also incur additional costs. These will be notified in advance of your procedure.

Payment

42. If you decide to proceed with surgery, a non-refundable deposit of £500 will be taken to secure your place on the operating list.
43. Payment must be made in full 28 days prior to admission. PMM reserves the right to refuse admission to hospital for any patient who has not paid in full.
44. In the event a procedure is booked within 28 days of the procedure date, the full payment is due immediately.
45. Payment can be made using most debit cards. Personal cheques are accepted by prior arrangement and must be received 28 days before the date of admission.
46. If funds from a personal cheque have failed to clear 28 days before the date of surgery, PMM reserves the right to refuse your admission to hospital for the procedure.
47. Payments may be made by BACS. The funds should be cleared 28 days prior to surgery.

48. Rescheduling/Cancellations

49. PMM recognises that due to unforeseen circumstances it may be necessary to cancel or reschedule your surgery. If this is necessary, please note that you must advise us of your intention to postpone/cancel your surgery by telephone and e-mail within 7 days of the time of your scheduled admission.
50. Cancellations advised within 14 days of booking your operation are fully refundable in line with our 'cooling off' period.

51. If you need to reschedule your surgery date, a rescheduling fee will apply as follows:

- a. Reschedule more than 14 days = £75
- b. Reschedule within 7-13 days = £250
- c. Reschedule less than 7 days = £50

52. If you need to cancel your surgery date, a cancellation fee may apply as follows:

- a. Cancellation with more than 14 days' notice = 25% of cost of procedure
- b. Cancellation within 8-14 days' notice = 50% of cost of procedure
- c. Cancellation within 1-7 days' notice = 75% of cost of procedure
- d. Cancellation on the day of procedure = 100% of cost of procedure

53.

- a. If cancellation is due to medical reasons, please note that PMM will request evidence from GP or other medical professional to confirm the reason why the surgical procedure should not be undertaken.
- b. Cancellations necessary due to previously **unknown** medical conditions will be rescheduled where possible and rescheduling fees may be reduced at the discretion of the Facility Provider. If after reasonable consideration the indicated medical condition prevents rescheduling of the procedure, the Facility Provider will consider full refund of the monies paid.

54. If the procedure is abandoned intra-operatively due to unforeseen medical conditions, the Facility Provider will retain sufficient monies to cover the costs incurred as reasonably deemed fit.

Complaints/Readmission

55. The complaints procedure is available on request from PMM. If you have a complaint regarding any aspect of your treatment, we recommend that you discuss this with your Patient Coordinator in the first instance.
56. If your concerns or complaint fails to resolve at clinic level and the patient wishes to submit a formal complaint, such complaints should be put in writing as per instructions on our complaints policy: <https://www.pallmallmedical.co.uk/complaints>.
57. If, after your operation, you and your consultant/surgeon agree that further surgery is required (as part of the original procedure), the consultant/ surgeon may not charge you any further fees, however, there may be additional fees payable for anaesthesia and the use of the Facility. Where further surgery is agreed, but you request a different consultant/surgeon to perform this further surgery, as oppose to the original consultant/surgeon, the new consultant/surgeon may charge consultant/surgeon fees to you.
58. If the Patient fails to attend review appointments or follow advice and guidance given, or where the results of the surgery originally provided have been affected by changes in lifestyle, illness or the natural ageing process, the Facility Provider cannot commit to providing continuing surgery.

Data Protection Policy (GDPR)/Confidentiality

59. We take your privacy very seriously and in accordance with the Data Protection Act 2018, promise that all details of your personal profile (name, address, date of birth etc.) and any medical information will remain private on a secure server. Data may be shared in the following circumstances:
60. Sharing of information to the hospital to enable the hospital to accept you as a patient for your procedure. The hospital may require us to send your contact details, date of birth, height and weight measurements, GP details and occasionally other information that you have provided on your essential details form. These details are used for admission only. On rare occasions, you may be contacted directly by hospital staff prior to your procedure to change admission times etc.
61. Sharing of information with your GP to keep your GP informed of your procedure, we will send a copy of your discharge summary, unless you have indicated that your GP is not to be contacted.
62. If you wish your procedure to remain private from key family members or you prefer not to be contacted in certain ways, please inform a member of the PMM administrative team who will record this on your notes.
63. We will never discuss your case with anyone other than yourself, unless you give permission for us to do so. If we need to leave an urgent message for you (for example by telephone) we will identify ourselves as PMM.

- 64. You can unsubscribe from any PMM newsletters or other marketing materials at any time.
- 65. Access to Medical Records – You may request access to your medical under GDPR, Subject Access Request.
- 66. During pre-operative, admission, discharge and post-operative stages, photographs may be taken for medical reasons by your consultant/surgeon. Photographs may be used for marketing purposes; however, this will only be with your written consent. The photographs will not breach your confidentiality.

Force Majeure

- 67. A party to this agreement shall not be liable for any delay or failure in the performance of any obligation under this agreement caused by Force Majeure.

Jurisdiction

- 68. The laws of England and wales shall apply to this contract and the Courts of England and Wales shall have exclusive jurisdiction.
- 69. The Facility Provider reserves the right to change these terms and conditions at any time. The latest Terms and Conditions are available on request from the Facility Provider.

PMM House Rules

- 1. Only one friend or relative member is permitted alongside the patient onto the ward and in the patient room.
- 2. Under 18s are not permitted into patient rooms or onto the surgical ward (unless they are a patient).
- 3. No jewellery or items of value should be worn or brought to the hospital, we cannot accept liability for any loss of items.
- 4. All clinics and hospitals are no smoking facilities.
- 5. Members of PMM staff expect to be treated with respect; patients or relatives using threatening behavior maybe asked to leave the facility and any procedures therefore could be subject to cancellation.

PLEASE DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND WHAT IT MEANS

I, the undersigned, consulted with consultant about my procedure. We fully discussed the proposed operation(s). I understand how it will be performed, what the possible complications and side effects may be, the risks of surgery and the expected results. I have had my questions answered to my satisfaction.

I understand that it is possible for me to have unrealistic expectations about the results of the proposed operation(s) and that there are no guarantees stated or implied as to the results of the operation(s). I am aware that occasionally an adjustment (revision) to the operation may be necessary at a later date to achieve the optimum result and that I may be responsible for the fees to the hospital/clinic. I fully understand that if any revision surgery is required, it will be carried out after a suitable period of time, at consultant’s discretion.

I have given the consultant truthful answers regarding my medical history and my reasons for wishing to undertake the proposed operation(s). The decision to proceed with the operation(s) is my own undertaking completely and I am under no pressure whatsoever from consultant to have this surgery.

I understand that Pall Mall Medical is a provider of facilities to the surgeon and the anaesthetist and that Pall Mall Medical is not responsible for the actions of the consultant and the anaesthetist. The consultant and the anaesthetist are not employed by Pall Mall Medical and are independently contracted. The decision to proceed with the operation is my own undertaking and I am under no pressure to proceed.

Patient name:	
Address:	
Date of birth:	

Patient Signature:	
Date:	
Witness name:	
Witness address:	
Witness Signature:	
Date:	

The witness may be anyone other than a relative of the patient. The surgeon or a PMM member of staff can witness this document.

Addendum 1

Amendment to Patient Consent in relation to COVID-19

- 1) I agree to attend Pall Mall facilities alone in line with social distancing requirements, friends or relatives will be asked to remain outside the facility if they have provided transportation.
- 2) I agree to acknowledge, respect and comply with all social distancing and infection control measures as indicated during my time within Pall Mall facilities.
- 3) I understand that corona testing will be carried out prior to my operation and agree to self-isolate for a period of 14 day prior to my surgery regardless of the date of the testing.
- 4) I agree to self-isolate for 7 days post-surgery.
- 5) Presentation of an anti-body test result confirming prior exposure will not preclude the need for a test unless it is from a UK Govt accredited source.
- 6) I accept that if the outcome of the corona test is positive, any operation will be rescheduled until such time as a negative result is given. Such tests should not be repeated in less than 2 months from the positive results.
- 7) I agree that if I am diagnosed with corona virus outside of Pall Mall Medical, I will provide evidence of this positive result from a UK Government accredited source.
- 8) PMM follow a high standard of care to ensure our patients do not come into contact with the Corona infection whilst in our facilities, however we can accept no responsibility for any Corona infection acquired during any clinic visit or hospital stay.
- 9) I acknowledge that by undergoing a general anaesthetic my recovery maybe comprised due to a weakened immune system and I maybe more susceptible to the Corona infection.
- 10) I understand that Should my surgery be postponed or rescheduled due to a positive corona virus test result (either by Pall Mall, or from a UK Government accredited source), I understand that no normal cancellation charges will apply. Pending my successful recovery (and otherwise good health), I accept that my operation will be rescheduled within 6 months of the original operation date. If not rescheduled in this period, Pall Mall may reserve the right to retrospectively apply normal cancellation or rescheduling charges as set out in sections 49 & 50.

Patient name:	
Patient Signature:	
Date:	