

Mater Private – General Consent Terms for Admission and Treatment

Patient Name		MEDICAL RECORD NUMBER		DATE OF BIRTH	
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Welcome to the Mater Private

We value your privacy and well-being while you are a patient of the Mater Private Health Group. The following information is in relation to your admission and the processing of your personal data.

Admission and Treatment Terms

During your time at the Mater Private Health Group, certain procedures will be necessary in order to ensure your safety, privacy and well-being.

- You will be provided with healthcare treatment including, but not limited to, diagnostic tests, blood tests, recording of vital signs, x-rays and medical consultation.
- You will be asked for your written, informed consent for specific procedures. Full list available.
- The Hospital will allocate rooms based on clinical requirement which may result in you being requested to change rooms to meet the overall requirements of the Hospital.
- The Mater Private facilitates affiliated students who may be in attendance during your treatment(s) and stay in the Hospital. These students are registered with approved academic centres and may include student nurses, radiotherapy students, medical students and pharmacy students participating in care processes under the supervision of the Hospital’s multidisciplinary team.
- You will receive a copy of our **Privacy Notice for Patients** leaflet, informing you of your Rights. This information is also available on the Mater Private Hospital website, www.materprivate.ie.
- Your personal information will be required for the provision and administration of these treatments and services. Please be assured that any processing of your personal data will be done in compliance with the General Data Protection Regulation, the Irish Data Protection Act (2018) and related legislation. You understand that your medical data may be shared with other hospitals and treating Consultants involved in your care pathway as part of your admission to Mater Private.
- Following your treatment, the Hospital may contact you, solely for the purpose of seeking your feedback and comments in relation to the care you have received.
- You acknowledge that all information provided on admission is accurate, to the best of your knowledge.

Payment Terms

Please note that payment terms do not apply to patients receiving treatment funded by a public body.

I acknowledge and consent to the following payment terms for insurance claims or self-pay where it applies to my method of payment. “Self-pay” refers to the patient either partially or fully funding the treatment, procedure or associated charges.

- Mater Private will process insurance claims directly with approved insurers on my behalf, once I have provided membership details, I confirm that I will sign the insurance claim form (in paper or electronic format) at the admission/access point or during my stay in the hospital should that not happen.
- It is my responsibility to verify with my insurance company that the proposed episode of care is covered for direct settlement at Mater Private.
- I agree to pay Mater Private for all self-pay costs related to my treatment, where some or all of my treatment is not covered under my private medical insurance policy. This includes any

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excesses and/or shortfalls on my policy together with any treatment costs deemed to be wholly or partially ineligible for benefit by my Private Medical Insurer.

- I will be held liable for all charges (to include excess and or shortfalls) should my insurance company deem me to be wholly or partially ineligible for benefit.
- I will pay all upfront costs not covered by my insurance and any self-pay charges in full prior to admission. If there are additional costs incurred during my stay that are not covered by insurance, I acknowledge that I am liable for these costs and will be required to pay during my stay or failing that at the point of discharge.
- If my treating Consultant(s) deems me clinically fit for discharge from the hospital, my insurance company may not cover my continued stay. At this point I will become liable for any charges not covered by my insurance policy and I will pay in advance for any additional charges. Should this not be notified by the Insurer at the time, Mater Private will invoice me for all charges which I will subsequently pay within 30 days of discharge.

General Consent (signature required)

I understand the information provided on this form and give this consent to treatment and/or admission freely and without condition.

Signature of Patient: Date.....

[Only where the Patient is under 16 years of age]: Signature of Legal Guardian:

Administration Officer..... Date.....

Consent for Non-Clinical Communication and Market Research

Mater Private may contact former and current patients occasionally for non-clinical reasons such as participation in market research or non-clinical patient experience surveys.

I understand that

- Mater Private may process my contact details, gender, age range, type of admission, speciality of healthcare and length of stay only in order to deliver communication appropriate to my healthcare for non-clinical communication and/or market research.
- Mater Private may need to share my contact data with carefully selected partners to help carry out these non-clinical communication and/or market research activities. (*The Hospital will never sell your personal data.*)
- My personal data processed for non-clinical communication and/or market research will not be retained for more than one year unless I give my consent again.

Yes No I consent to receive communication from Mater Private to invite me to participate in **market research and non-clinical patient experience surveys.**

- I have the right to withdraw consent to non-clinical communication and/or market research at any time by contacting the Data Protection Officer dpo@materprivate.ie.
- There are no consequences for me if I do not consent to non-clinical communication and/or market research.

Affix Patient Label Here