

PATIENT AGREEMENT

This Agreement is made between:

Clear View Surgical Limited T/A Sana Private Health

(an independent hospital registered with Health Inspectorate Wales)

("the Hospital", "we", "us", or "our")

and

The Patient

(the individual receiving treatment)

("you" or "the Patient")

1. Purpose of This Agreement

1.1 This Agreement sets out the terms and conditions on which the Hospital agrees to provide private healthcare services to you and on which you agree to receive and pay for those services.

1.2 You confirm that you wish to receive treatment on a **private basis**, either as a self-pay patient or using private medical insurance, outside of NHS funding arrangements.

2. Registration, Regulatory Status, and Locations

2.1 Sana Private Health is an independent healthcare provider registered with **Health Inspectorate Wales (HIW)** and operates in accordance with applicable Welsh legislation, statutory regulations, and recognised standards of care.

2.2 The Hospital is a member of the **Independent Sector Complaints Adjudication Service (ISCAS)** and complies with the ISCAS Code of Practice for the handling of patient complaints.

2.3 Sana Private Health operates from the following HIW-registered locations:

Swansea

Axis Court

Mallard Way

Riverside Business Park

Swansea Vale

SA7 0AJ

Bridgend

Unit 31

Bocam Park

Bridgend

CF35 5LJ

2.4 Copies of the Hospital's **HIW registration details and certificates are available to view at all Sana Private Health sites.**

3. Scope of Services

3.1 The Hospital will provide clinical services as agreed during your consultation(s) and with your agreement, as documented in your clinical records, treatment plan, correspondence, and/or invoice.

3.2 All services are provided by appropriately qualified and registered clinicians who may be:

- employed by the Hospital; or
- self-employed consultants granted practising privileges at the Hospital.

3.3 Consideration Period

The Hospital will ordinarily provide patients with a minimum 48-hour consideration period following consultation, to allow time to understand treatment options, associated risks and benefits, financial arrangements, and whether they wish to proceed with the recommended treatment.

In circumstances where clinical availability allows a procedure to take place within 48 hours, the patient may elect to proceed sooner, provided that they confirm they have been given sufficient opportunity to consider their options, that they are satisfied with the information provided, and that they are proceeding **voluntarily and without pressure**. Such agreement will be documented in the patient's clinical records.

4. Fees, Charges, and Method of Payment

Self-Pay Patients

4.1 If you are paying personally, you agree to pay all fees relating to your treatment as notified to you in advance, including (where applicable):

- consultation fees;
- diagnostic investigations;
- surgical or procedural fees;
- hospital facility charges;
- consumables, implants, and medications;
- post-operative care where specified.

4.2 Payment is normally required **in advance of treatment**, unless otherwise agreed in writing.

Private Medical Insurance

4.3 If you intend to use **private medical insurance**, you are responsible for ensuring that your insurer has authorised the treatment in advance.

4.4 Where the Hospital invoices your insurer directly, you remain personally responsible for any charges not covered by your policy, including:

- excesses or co-payments;
- benefit limits;
- excluded services;
- declined or incomplete authorisations.

4.5 If you choose **premium products, upgrades, or enhanced treatment options** not covered by your insurance, you agree to pay the full supplementary cost personally. These costs will be explained to you in advance where reasonably practicable.

5. Changes to Treatment or Fees

5.1 If, during treatment, additional procedures or services become clinically necessary, you will be informed as soon as reasonably practicable of any additional costs.

6. Cancellation and Refund Policy

6.1 If you cancel your scheduled treatment or procedure, the following terms apply:

- **More than 48 hours' notice:**
100% of fees paid will be refunded.
- **48 hours' notice or less but more than 24 hours' notice:**
50% of fees paid will be refunded.
- **24 hours' notice or less, or failure to attend:**
No refund will be given.

6.2 Cancellation notice must be provided **by telephone or in writing** and received within the relevant time period.

6.3 Refunds will be processed back to the original payment method where possible and may take several working days, depending on your bank or card provider.

6.4 This policy reflects costs incurred by the Hospital in reserving clinical staff, facilities, theatre time, and other resources.

7. Patient Responsibilities

7.1 You agree to:

- provide accurate and complete medical information;
- follow reasonable clinical advice and post-treatment instructions;
- notify the Hospital promptly if you cannot attend an appointment;
- treat staff, consultants, and other patients with courtesy and respect.

7.2 Failure to follow clinical advice may affect treatment outcomes and the Hospital's ability to continue care.

8. Data Protection and Confidentiality

8.1 Your personal and medical information will be processed in accordance with:

- the UK General Data Protection Regulation (UK GDPR); and
- the Data Protection Act 2018.

8.2 Information is used solely for the purposes of your care, regulatory compliance, audit, and legal obligations, unless disclosure is required by law.

9. Complaints

9.1 If you are unhappy with any aspect of your care, please raise your concerns with the Hospital as soon as possible.

9.2 The Hospital operates a **local complaints procedure**, available from **our Customer Services Team** upon request.

9.3 If a complaint cannot be resolved locally, you may be entitled to escalate the matter to **ISCAS**, in accordance with their procedures and time limits.

10. Limitation of Liability

10.1 Nothing in this Agreement limits or excludes liability for death or personal injury caused by negligence, fraud, or any matter that cannot lawfully be excluded.

10.2 Subject to clause 10.1, the Hospital's liability is limited to losses that are reasonably foreseeable.

11. Governing Law and Jurisdiction

11.1 This Agreement is governed by the laws of **England and Wales**.

11.2 The courts of England and Wales have exclusive jurisdiction.

This summary highlights the key points of your agreement with **Sana Private Health**. It does not replace the full contract.

Who We Are

- Sana Private Health is an independent private hospital provider.
- We are registered with **Health Inspectorate Wales (HIW)**.
- Our HIW registration details are **displayed and available to view at all our sites**.
- We are members of **ISCAS** for independent complaints review.

Paying for Your Treatment

- You may pay **privately (self-pay)** or use **private medical insurance**.
- If insured, you are responsible for any costs not covered by your policy.
- Optional upgrades or premium products are always paid for by the patient.

Cancellation Policy

- More than **48 hours' notice**: 100% refund
- **24–48 hours' notice**: 50% refund
- Less than **24 hours' notice or non-attendance**: no refund

Your Responsibilities

- Provide accurate medical information.
- Follow clinical advice.
- Let us know if you cannot attend an appointment.
- Treat staff and other patients respectfully.

Complaints

- Speak to us first — we have a **local complaints procedure** available from Customer Services.
- If unresolved, you may escalate to **ISCAS**.

Data Protection

- Your personal and medical information is handled confidentially and in line with UK law.