

Cardiac Screening Registration Form (Individual Clients) – HeartScan Ltd

Before signing this form you should read:

1. the HeartScan Cardiac Screening Information Leaflet; and
2. the HeartScan Individual Terms and Conditions for Screening.

If you have any questions about them, please ask us.

Client's full name:

Address:
.....
.....

Email address:

Mobile telephone number:

Date of birth:

Date and time of Screening appointment:

Venue for Screening appointment: The Osborne Clinic, 22 Osborne Avenue, Jesmond, Newcastle upon Tyne NE2 1JQ.

Screening Fee: £445.00

If an insurer is paying all or part of the Screening Fee, please provide the name and address of your insurer ("**Insurer**") and your policy number: Name:.....
Address:.....
.....

Policy Number:

Please specify the method by which you authorise us to deliver your Screening results: Post / Email [***delete as applicable***]
Email address (if applicable):.....

Please note that where you specify that you would like your results by email, we will send them in encrypted form and you will need to create an account with our encryption provider. This is a very straightforward process. If we send results by post, we will use some form of certified or recorded delivery for which you will need to sign.

If you want us to send your result to your GP, please provide details. GP Name:.....

Practice Name:.....

Address:.....
.....

Where a Client is less than 18 years of age

If you are less than 18 years of age, a person with parental responsibility must sign this form as well as you. Please see the second declaration below.

Declaration (Client)

- I confirm that I have read the HeartScan Information Leaflet.
- I confirm that I have read the HeartScan Individual Terms and Conditions for Screening.
- I confirm that I consent to receive the Screening.
- Please send my results by post / email [***delete as applicable***].
- I confirm that I do/do not [***delete as applicable***] consent to the results of the Screening being provided to my GP / the person with parental responsibility for me as specified below [***delete any which are not applicable***]. You can withdraw this consent – to do so, please contact us. Please see clause 9.4 of the HeartScan Individual Terms and Conditions for Screening for further information.

Signed: Date:.....

Declaration (person with parental responsibility where Client less than 18 years of age)

- I confirm that I am a person with parental responsibility for the Client.
- I confirm that I have read the HeartScan Information Leaflet and the HeartScan Individual Terms and Conditions for Screening.
- I confirm that I accept the HeartScan Individual Terms and Conditions for Screening on the Client's behalf.
- I confirm that I consent to the Client receiving the Screening [***only required where the Client is not competent to provide their own consent – delete if not applicable***].
- Please send the Client's results to me by post / email [***delete as applicable***] [***only required where the Client is not competent to provide their own consent – delete if not applicable***].
- I confirm that I do/do not [***delete as applicable***] consent to the results of the Screening being provided to the Client's GP [***only required where the Client is not competent to provide their own consent – delete if not applicable***]. You can withdraw this consent – to do so, please contact us. Please see clause 9.4 of the HeartScan Individual Terms and Conditions for Screening further information.

Signed: Date:.....

Name:

Address:

.....

.....

Email:

Mobile:

This form relates to the provision of cardiac screening services by HeartScan Ltd, company registered in England and Wales under company number 08999669 with its registered office at 28 Mulgrave Terrace, Gateshead, Tyne and Wear, NE8 1PQ. Our privacy notice is on our website at <https://heartscan.co.uk/> and we can provide a copy on request.