|  |
| --- |
| **PATIENT GUIDE** |
| Name of establishment or agency |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Fax number |  |
| Name Registered Manager/s |  |

|  |
| --- |
| **Summary of Statement of Purpose** |
|  |

|  |
| --- |
| **TERMS AND CONDITIONS** |
| *Information to include terms and conditions of the service/s to be provided, including amounts and methods of payment for all aspects of treatment* |

|  |
| --- |
| **CONTRACT BETWEEN PATIENTS AND SERVICE PROVIDER** |
| *Information to include the terms of the contract between the patient and the service provider.* |

|  |
| --- |
| **COMPLAINTS PROCEDURE** |
| *Please include a summary of your complaints procedure. Also referring to the fact that HIW can be contacted once they have been through your complaints procedure and if they are unhappy with the way in which their complaint was dealt with (include HIW contact details).* |

|  |
| --- |
| **SUMMARY OF PATIENTS VIEWS** |
| *Once available.* |

|  |
| --- |
| **REGISTRATION AUTHORITY** |
| *HIW contact details (address, telephone number and email address)*Most recent HIW inspection report (once available) and information how a copy can be obtained. |

|  |  |
| --- | --- |
| **Date Patient Guide written** |  |
| **Author** |  |

**PATIENT GUIDE REVIEWS**

|  |  |
| --- | --- |
| Date Patient Guide reviewed |  |
| Reviewed by  |  |
| Date HIW notified of changes  |  |

|  |  |
| --- | --- |
| Date Patient Guide reviewed |  |
| Reviewed by |  |
| Date HIW notified of changes  |  |