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| **Name of establishment or agency** |  |
| **Address and postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

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

**Contents**

**Section 1 – Summary of Statement of Purpose**

A summary of the aims and objectives, treatments and facilities of the service.

**Section 2 – Terms and conditions**

The terms and conditions of services to be provided by the service, including the amount and method of payment for all aspects of treatments.

**Section 3 – Contract between patient and service provider**

Details of the contract between the patient and the service provider.

**Section 4 – Complaints procedure**

A summary of the complaints procedure for the service.

**Section 5 – Summary of patient views**

A summary of reviews from patients when available

**Section 6 – Registration Authority**

A link to the most recent HIW inspection report (once available) and information how a copy can be obtained.

**Section 7 - Date**

The date on which the Patient Guide was reviewed and the reasons for the review.

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| **SECTION 1 – SUMMARY OF STATEMENT OF PURPOSE** |
| ***Prompt*** *- Include a summary of the aims and objectives, treatments and facilities of your establishment.* ***Delete prompt once completed*** |
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| **SECTION 2 – TERMS AND CONDITIONS** |
| ***Prompt*** *- Information to include terms and conditions of the service/s to be provided, including amounts and methods of payment for all aspects of treatment* ***-******Delete prompt once completed*** |
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| **SECTION 3 – CONTRACT BETWEEN PATIENTS AND SERVICE PROVIDER** |
| ***Prompt*** *- Information to include the terms of the contract for the services provided between the patient and the service provider* ***-******Delete prompt once completed*** |
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| **SECTION 4 – COMPLAINTS PROCEDURE** |
| ***Prompt*** *- 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).*  ***-******Delete prompt once completed*** |
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| **SECTION 5 – SUMMARY OF PATIENT VIEWS** |
| ***Prompt*** *– Include a summary of* the complaints and comments made, and views (including the descriptions of experiences of care and treatment) expressed by patients ***-******Delete prompt once completed*** |
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| **SECTION 6 – REGISTRATION AUTHORITY** |
| ***Prompt*** *- Include a link to the most recent HIW inspection report* *(once available) and information how a copy can be obtained.* ***-******Delete prompt once completed*** |
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| **SECTION 7 – PATIENT GUIDE REVIEWS** |

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| --- | --- |
| Date Patient Guide reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |

|  |  |
| --- | --- |
| Date Patient Guide reviewed |  |
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