

Email: Healthinthehome@irishlifehealth.ie

Policyholder details

Title: _____ First name: _____ Surname: _____

Address: _____

Date of birth (dd/mm/yy): _____ Allergies: _____

Mobile Tel. No.: _____ Home No. or Email: _____ Policy No.: _____

NOK Title: _____ NOK First name: _____ NOK Surname: _____

Diagnosis: _____

Past History: _____

Current Medications: _____

Vital signs –BP	Pulse	Temp	Resp	Sats	O ₂ Yes or No
					Yes <input type="checkbox"/> No <input type="checkbox"/>

GP details

Title: _____ First name: _____ Surname: _____

Address: _____

Phone Number: _____ Email: _____

I confirm that I accept governance for this patient while they remain on the Health in the Home (HITH) service

Referring Doctor's Signature: _____ Date (dd/mm/yy): _____

Referrals details

Reason for referral (1) _____

Reason for referral (2) _____

Date to be seen by HITH (dd/mm/yy): _____

Visits requirements : Daily Alternative day 3 times per week Weekly Monthly 3 Monthly

Please advise if the patient has any of the following:

Mobility Issues: Yes No Cognitive impairment: Yes No if yes please indicate: _____

Palliative care with DNAR: Yes No If yes please provide a copy with referral: _____

Infection Control Concerns: Yes No If yes: MRSA CDiff VRE Other

Please provide a copy of the patients medications: Yes No

Please provide any other information which may assist our Nurses deliver care in the patients home: _____

Consent

I declare that at the time I underwent medical treatment I was a party to a health insurance contract and was entitled to treatment under my Irish Life Health plan. I declare that my consultant recommended the treatment and referred me to the appropriate Health in the Home provider for further treatment. I declare that to the best of my knowledge, the information provided in Part 1 of this form is accurate, true and complete. I authorise the doctors/consultant/physiotherapist/hospital to furnish Irish Life Health, or any authorised agent it may appoint to act on its behalf, with any information requested,

including access to my doctors, consultant or hospital records, where this is necessary in relation to any claim regarding treatment or services received by me or my named dependants. I authorise the direct payment by Irish Life Health to the Health in the Home provider as appropriate for the services set out on this claim form to the extent provided for under my Irish Life Health plan. I verify the details of the accounts submitted on my behalf by the Health in the Home provider as an accurate reflection of the treatment I received. I understand that the details of these amounts will be included in my Irish Life Health statement of

payment and I will have the opportunity to contact Irish Life Health directly with any queries. Charges not covered under the Irish Life Health plan to which I subscribe will remain my responsibility or that of the named dependant who received the treatment to settle directly with the Health in the Home provider. In consideration of Irish Life Health discharging my medical expenses to the extent of cover limits, I undertake to Irish Life Health to include these expenses as part of my claim against a third party and to inform my solicitor or Personal Injury Assessment Board to this effect when pursuing any claim.

Data Protection

Irish Life Health dac is registered with the Office of the Data Protection Commissioner to act as a data controller and data processor in relation to the personal information held about you and any other member named on your policy.

The personal information that you have provided to us or that we otherwise obtain in connection with your policy will be used to administer your policy and other insurance products provided by us, other companies in the Irish Life Group or other commercial partners, in accordance with data protection and other applicable legislation and the Office of the Data Protection Commissioner-approved Code of Practice on Data Protection for the Insurance Sector. Please do not send us any genetic test results.

We will share this information with our third party administrators and any other commercial entity for the purposes above and as required to provide our services and in order to comply with legal obligations imposed on us. We may share and use this information both inside and outside of the European Economic Area, in confidence, for these purposes. We may in certain circumstances either directly or indirectly share your personal information with other insurers for the

purposes of verifying information and determining waiting periods and with insurance bodies to the extent permitted by law. If you give us false information or fail to disclose information, we will record this.

To help improve the level of service we provide, we may on occasions contact you for participation in consumer satisfaction or research surveys. Your details may be used for these purposes for 12 months after your policy has ceased.

Important: In certain instances, we may need to collect personal information, including medical or other sensitive personal information, from third parties about you and any other member named on your policy. This information will remain strictly confidential and will only be sought and used in order to provide the services set out in your contract with us and for administration of this policy. By entering into a new policy with us, or renewing or amending an existing policy with us, you are also confirming that where relevant, each member of the policy has reviewed this notice and given their consent for the disclosure to us and the use of their personal information (including information collected from third parties) in the manner and for the purposes set out in this notice.

We may record your telephone conversations with us for training, verification and compliance purposes.

You and other members named on your policy (as applicable) have a right (subject to applicable data protection legislation) to obtain a copy of the personal information we hold about you and/or them (as applicable). In order to obtain a copy of such information, please write to: Irish Life Health Irish Life Health PO Box 13028, Dublin 1.

Should you discover any errors or omissions in the personal information held by us, you or as applicable, the other members named on your policy may have the right to have such errors corrected, blocked or erased, free of charge, so please contact us by writing to us at: Irish Life Health PO Box 13028, Dublin 1.

This notice should be read in conjunction with our Privacy Statement at www.irishlifehealth.ie which sets out more detail of how we use your personal information and the personal information of other members on your policy.

We would like to contact you to give you information and marketing materials about other products and services offered by us or other companies within the Irish Life Group. For this purpose we may pass your information to other companies within the Irish Life Group. We may use your details for this purpose for up to 12 months after your policy has ended. You might hear from us via landline, mobile, post, email or SMS. Would you like to receive this information? Yes No

Declaration

I/we confirm that all the details, answers and information given in this form are true, accurate and complete. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Irish Life Health Privacy Notice which can be found at <http://www.irishlifehealth.ie/privacy-and-legal/privacy-statement/>

Print name in block capitals:

Signature:

Date: (dd/mm/yy)