

MEDICAL SPECIALIST GROUP

PATIENT REGISTRATION FORM

THE
MEDICAL
SPECIALIST
GROUP
LLP

Please complete this form in capital letters and bring it with you to your next appointment. If you have completed one previously, you **only** need to complete the form if there are any amendments. If the patient is under 18 years old, the form should be completed by a parent or suitably authorised guardian.

UNIT NUMBER		MSG NUMBER	
SURNAME		FORENAMES	
DATE OF BIRTH		HOME PHONE	
MOBILE		E-MAIL	

Do you agree to communications being sent to you by: Text (✓) ☐ E-mail (✓) ☐

Please note that the MSG is not liable for the security of data communicated via text or email. Should you subsequently wish to unsubscribe from e-mail/text contact, please notify us by e-mailing info@msg.gg.

ADDRESS			
POST CODE			
PRIVATE HEALTH INSURER		POLICY NO	
SOCIAL INSURANCE NO		VISITOR (Y/N)?	
NEXT OF KIN and RELATIONSHIP		CONTACT NO.	

Do you consent to your next of kin being contacted in emergency situations: (✓) ☐

NAME OF GP		PRACTICE NAME	
------------	--	---------------	--

Use of Data:

The MSG recognises the importance of protecting personal and confidential information in all that we do and we take care to meet our legal duties. We will only process your data in compliance with The Data Protection (Law Enforcement and Related Matters) (Bailiwick of Guernsey) Ordinance, 2018. By signing this form, you consent to your personal data and medical records being held, processed and shared in accordance with the law and MSG's Data Protection Policy. A copy of our policy is available at www.msg.gg.

By signing this form you agree that your healthcare information will be shared with the Office of the Committee for Health & Social Care (HSC) as we operate a single electronic patient record system. Any healthcare information shared with HSC (whether in electronic or paper form) will be covered by their Data Protection Policy which is available on request.

From time to time, the MSG may need to access medical records from other healthcare providers including your General Practitioner and HSC. By signing this form you agree to allow us appropriate access in accordance with The Data Protection (Law Enforcement and Related Matters) (Bailiwick of Guernsey) Ordinance, 2018.

Payment of private fees and charges:

We provide estimates for private treatment and you are strongly advised to ensure you have received and accepted an estimate prior to the commencement of treatment. If you have not done so, please contact finance@msg.gg prior to commencement of your episode of care. By signing this form, you agree to pay our fees and charges. Please note that you are responsible for all fees and charges incurred as part of any private consultation and treatment, irrespective of whether or not you are insured.

There may also be fees and charges incurred by other organisations as part of your episode of private care such as HSC (including pathology and radiology) and Guernsey Therapy Group. You will be invoiced for these separately by the relevant organisation.

If you are privately insured, you provide consent for the MSG to provide personal data to your insurance company.

Signature of Patient (or parent/guardian if under 18)

Date

Please retain a signed copy of this form for your records.

In-house Use only : Trak updated by:

Date: