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Patient Terms of Acceptance & Clinic Policies

At **PureChiro Clinic Limited**, we are committed to helping you achieve your health goals. To ensure the highest standard of care for all our patients and the efficient operation of our clinic, please review and accept the following terms:

1. Appointment Attendance & Consistency

- **Clinical Efficacy:** I understand that chiropractic and massage therapy require a consistent treatment plan to be effective. Missing appointments may delay my recovery or reduce the effectiveness of the care provided.
- **Commitment:** I agree to adhere to the treatment plan recommended by my practitioner and make every effort to attend all scheduled sessions.

2. Cancellation and Rescheduling Policy

- **Notice Period:** I agree to provide a minimum of **48 hours' notice** for any cancellations or rescheduling requests.
- **Late Cancellation Fee:** I understand that cancellations made with less than 48 hours' notice may incur a charge of **the full appointment fee**
- **Procedure:** Changes to appointments must be made by contacting the clinic directly via phone or email during standard business hours.

3. Late Arrivals and No-Shows

- **Late Arrivals:** If I arrive late, my session may be shortened to avoid delaying the next patient. The full service fee will still apply. If I am more than **10 minutes late**, the appointment may be treated as a "No-Show."
- **No-Show Policy:** Failing to attend an appointment without any prior notice will result in a charge of **the full appointment fee**. Repeated no-shows may result in the requirement to pre-pay for all future bookings.

4. Clinical Documentation & Audio Recording

- **Transcription for Accuracy:** To ensure the highest quality of clinical note-taking and to allow your practitioner to focus entirely on your care, sessions may be audibly recorded for transcription purposes.
- **Data Protection:** All recordings are processed strictly in accordance with **GDPR and ICO legislation** and our Privacy Policy. Data is encrypted and stored securely.
- **Manual Documentation Opt-Out:** If I do not consent to audio recording, I understand that the practitioner will record notes manually. This may require a longer appointment slot to ensure accuracy, which may incur an additional administration fee of £50.

5. Communication & Feedback

- **Open Communication:** I agree to inform my practitioner of any changes in my health, new injuries, or concerns regarding my treatment immediately.

- **Complaints & Satisfaction:** If I am ever dissatisfied with my experience, I agree to follow the PureChiro Clinic Satisfaction and Complaints Procedure (available at reception or on our website) to allow for a formal resolution.

Statement of Acceptance I acknowledge that I have read and understood these terms. I affirm my commitment to my treatment plan and agree to abide by the clinic's policies regarding attendance, fees, and data processing. Furthermore, by proceeding with and accepting any form of care or treatment from PureChiro Clinic Limited, I acknowledge and agree to be bound by the terms and conditions outlined in this policy.

Full policies can be viewed at: www.purechiroclinic.com