



CANTERBURY CHARITY HOSPITAL TRUST

"By the Community - For the Community"

PATIENT DECLARATION

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I _____
print patients name

declare that:

1. I can not get specialist help for my health condition through the public health system.
2. I do not have medical insurance that will pay for my treatment.
3. I have insufficient means to pay for my treatment in the private health system.
4. ACC will not provide any treatment cover either in full or in part for my treatment.
5. I consent to the Canterbury Charity Hospital Trust holding a file copy of my medical records.
6. I understand that my records may be required for audit and quality reports.

Signed patient _____

Signed GP _____

Name _____

Medical Centre _____

Date _____