



# The Eating Disorders Clinic

*You are not alone*

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## Terms and Conditions

### Patient Agreement and Informed Consent

Welcome to The Eating Disorders Clinic. These Terms and Conditions explain how our services work and outline the responsibilities of both the clinic and our patients. They are designed to ensure clarity, transparency, and safe, clinically governed care.

By booking an appointment or ticking the confirmation box on our intake forms, you confirm that you have read, understood, and agreed to these Terms and Conditions.

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## 1. Booking, payment, and care packages

### 1.1. Self-Funded Patients

#### Payment

All appointments must be paid in full at the time of booking. Appointments are not confirmed until payment has been received.

#### Care packages

Care packages are available to self-funding patients only.

- Care packages must be initiated within three months of purchase
  - Sessions may be spaced flexibly over time
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## The Eating Disorders Clinic

Email: [info@eatingdisordersclinic.co.uk](mailto:info@eatingdisordersclinic.co.uk)

Telephone: +44 (0) 799 010 5467

Website: <https://eatingdisordersclinic.co.uk>

#### Confidentiality Notice

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- If a gap of more than three months occurs between sessions, and there is no response or reasonable attempt to rebook despite contact from the clinic, any remaining sessions will be forfeited
- Care packages require full upfront payment unless a payment plan has been agreed in writing

There are no refunds for unused sessions.

## **Non-attendance**

Failure to attend an appointment without at least 48 hours' notice will result in the full session fee being charged, with no refund.

## **1.2. Insurance Patients**

### **Insurance contributions and co-payments**

Private health insurers do not reimburse our fees in full. Where insurance contributes, a co-payment is always required to cover the difference between insurer reimbursement and our standard fees.

The amount of any co-payment depends on your insurer and policy. We will confirm expected shortfalls once authorisation details are provided.

### **Pre-authorisation**

You must provide a valid pre-authorisation number before your first session. It is your responsibility to ensure your policy is active and to notify us of any excess or limitations.

### **Direct invoicing**

Where applicable, the clinic will invoice your insurer directly for approved sessions. Any excess, co-payment, or shortfall must be paid by you before sessions take place.

### **Excluded services**

Private health insurance does not cover:

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- initial consultations
- assessments and diagnostic reports
- Occupational Therapy sessions

## **Cancellations**

The same cancellation and rescheduling policies apply as for self-funding patients. Sessions cancelled outside policy terms may still be invoiced to the insurer as attended, and patient contribution may be charged to the patient.

## **1.3. Late Payment Policy**

We reserve the right to apply:

- a late payment charge of up to 30% per month on overdue balances
- an administration fee of £120 for each reminder issued regarding unpaid invoices

## **2. Cancellation and Rescheduling Policy**

### **48 hours or more notice**

- Cancellation: full refund
- Rescheduling: no charge

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## Less than 48 hours' notice

- Cancellation: full session fee applies
- Rescheduling: full session fee applies

## Same-day bookings (within 24 hours)

Once confirmed, cancellations or rescheduling will incur the full session fee.

## Care packages

Care packages are non-refundable. Sessions cancelled outside policy terms will be deducted from the package.

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## 3. Refunds

Refunds are issued only where applicable under the cancellation policy and will be processed within 5–10 working days using the original payment method.

## 4. Privacy, Confidentiality, and Recordings

### 4.1. Data Usage and GDPR

- Your personal and medical information is collected, stored, and processed solely for the purpose of providing and managing your care, in line with UK GDPR.
  - Access is restricted to authorised staff only. You have the right to request access to or correction of your data.
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## 4.2. Recordings

Sessions and phone calls may be recorded for clinical governance, supervision, and training purposes. Recordings are stored securely and accessed only by authorised personnel. You will be informed when a session is recorded.

## 4.3. Information Sharing

With your consent, relevant information may be shared with professionals directly involved in your care. All parties are bound by confidentiality and data protection obligations.

## 4.4. Financial Information

Where a payment plan has been agreed, you authorise the clinic to charge the card details you have provided.

- You will be notified at least two working days before a scheduled charge
- If a payment fails due to insufficient funds, we reserve the right to reattempt payment
- A 20% administration fee may be applied to failed payment attempts

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## 5. Informed consent and Liability

### 5.1. Informed Consent

By proceeding with treatment, you confirm that you understand the nature, purpose, benefits, and potential risks of the recommended support. You may withdraw consent at any time.

### 5.2. Clinical Judgement

All services are provided based on clinical judgement and current best practice. Outcomes cannot be guaranteed, and individual responses to treatment vary.

### 5.3. Limitation of Liability

The clinic is not liable for:

- outcomes that do not meet personal expectations
- consequences of not following clinical advice
- complications arising from undisclosed or pre-existing conditions
- indirect or consequential losses

### 5.4. Treatment for Under-18s

Consent must be provided by a parent or legal guardian. The parent or legal guardian accepts full financial responsibility for all treatment costs incurred.

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The clinic reserves the right to pause or discontinue treatment if consent is withdrawn.

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## 6. Contact Information

For queries, cancellations, rescheduling, or complaints:

 [info@eatingdisordersclinic.co.uk](mailto:info@eatingdisordersclinic.co.uk)

We aim to respond within two working days.

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## 7. Free 20-Minute Initial Call – Disclaimer and Limitations

The clinic offers a complimentary 20-minute call conducted by a non-clinical member of staff. This call is for information-gathering purposes only.

### 7.1. Nature of the Call

- This is not a clinical assessment or consultation
  - No treatment advice or clinical opinion is provided
  - No duty of care is established
  - Calls are recorded and transcripts are shared with the Clinical Directors
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## 7.2. Risk Disclosures

If risk to safety is disclosed, the call will be terminated and the caller advised to seek emergency support. Where details are available, the clinic may contact emergency services.

## 7.3. Limitation of Liability

The clinic accepts no liability for outcomes following this call.

## 8. Agreement Acknowledgement

By ticking the confirmation box on our forms, you confirm that you have read, understood, and agreed to these Terms and Conditions.

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