



## **Private Provider Referral – Disclaimer and Acknowledgement**

Dear Patient,

You have the right to seek care from private healthcare providers, including under the NHS 'Right to Choose' pathway (e.g., for ADHD assessment or treatment). However, it is important to understand what Pendleside Medical Practice can and cannot do in relation to private care.

Please read the following carefully before proceeding with a private referral.

### **Tests and Investigations**

Pendleside Medical Practice is not obliged to arrange or carry out tests requested by a private provider, especially if:

- The test falls outside the routine care we offer.
- The interpretation of results is beyond our clinical expertise.

Patients are advised to ensure that all investigations—especially those required before or after treatment—are arranged directly through the private provider.

### **Medications**

We are not required to:

- Prescribe medications recommended by private providers.
- Convert private prescriptions to NHS prescriptions.

However, if the medication is:

- Within normal GP prescribing scope
- Safe and suitable for general practice prescribing

...we may consider it on an individual basis and issue it according to our non-urgent prescribing timelines. If the medication is urgent, the private provider must supply it directly.

### **Shared Care**

We cannot agree to shared care arrangements with private providers if any of the following apply:

- No formal shared care agreement exists.
- The agreement does not meet NHS standards.
- The provider only assesses or diagnoses but does not prescribe.
- Baseline tests, medication counselling, or suitability assessments are missing.
- The patient has not been started, monitored, or stabilised on the medication.
- The provider plans to discharge the patient to GP care without ongoing oversight.
- The medication is outside our clinical competence or used off-licence.

These rules protect patient safety. Without specialist oversight, we will not assume prescribing responsibility.

Where none of the above issues apply, we may consider shared care requests on a case-by-case basis—this does not guarantee that care or prescriptions will be accepted.

### Acknowledgement of Disclaimer

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I confirm that I have read, understood, and agree to the Pendleside Medical Practice policy on private provider referrals and responsibilities.

Signature: \_\_\_\_\_

Relationship to Patient (if not self): \_\_\_\_\_

Date: \_\_\_\_\_