

PATIENT DETAILS

Process Number Name _____

Date of Birth _____ Sex _____ Marital Status _____

Address _____

Postcode _____ Country _____

Passport/ID _____ Local Tax N° (contribuinte) _____

Local SNS * _____ Mobile _____

Home Telephone _____ Business Telephone _____

E-mail _____

FAMILY MEMBERS

Process N.º	Name	Date of Birth	Local Tax N°	Local SNS *
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____

Confirm the data with the identification documents.

HOW DID YOU BECOME AWARE OF THE CARECARD?

Hospital
 Website
 Advert
 Friends/Family
 Others

CLÍNICA PARTICULAR SIIPEMOR USE ONLY

Nome do(a) Rececionista (legível) _____ Valor/ Associado _____

Observações _____

Por favor, anexar ao formulário do Carecard SIIPEMOR, comprovativo de pagamento ou fotocópia de cartão válido, de parceiro associado.

GENERAL CONDITIONS

1. The **CareCard SIPEMOR**, further designated as Card, property of the Clínica Particular SIPEMOR, further designated as CPSIPEMOR.
2. The Card is personal and non-transferable, issued in the name of the holder.
3. There are two types of SIPEMOR CareCards available - **CORPORATE** and **STANDARD**.

VALIDITY

1. Each Card is valid for one year and can not be used after the expiry date.
2. Reissue is not automatic. Card Holder must apply for renewal 30 days prior to expiry date.

REQUIREMENTS AND PAYMENT

1. The use of the Card becomes valid once the Card holder accepts its conditions.
2. The annual cost of **CareCard SIPEMOR STANDARD** is 36€, paid in full on application.
3. **CareCard SIPEMOR CORPORATE** - there is no annuity.

USE

1. The Card can only be used for services provided at the HPA Group and also in benefits offered by associated companies of the HPA.
2. The Card holder must:
 - a) Be in possession of an identification document;
 - b) The Card holder is responsible for the conservation and correct use of the Card;
 - c) In cases of bad use, the Card can be reissued at the cost of 5€ (five euros).

CONDITIONS

1. The Card conditions are not cumulative with other health plans.
2. The Card is not subject to a period of grace and has no age limit.
3. Holders of the **CareCard SIPEMOR STANDARD** benefit from the same advantages, at the cost of 1€ per month per family member.
4. **CareCard SIPEMOR CORPORATE** may be acquired by any individual who is a member, collaborator, associate or maintains any other legal relationship with a company or institution with whom CPSIPEMOR has established a valid Protocol or Cooperation Agreement and which explicitly includes the added advantages of the Care Card.
5. The **CareCard SIPEMOR STANDARD** can be purchased by an individual, of legal age and is subject to an annual annuity as described above.
6. The holders of **CareCard SIPEMOR CORPORATE** and **STANDARD** shall have access to all services at Clínica Particular SIPEMOR as well as at all the Units of the HPA Health Group with preferential conditions and advantages (see table below).

EXCLUSIONS

1. Exclusions to the present contract are the medical services provided by doctors that are contracted out of the **CareCard SIPEMOR**.
2. Free Check-Up available only after annual payment.
3. Discounts and benefits apply to CareCard holders after application.

LOSS OR THEFT

1. In case of loss or theft the Card holder must inform the CPSIPEMOR immediately (Tel - 289 845 915).
2. If this information was made by telephone, it must also be communicated in writing, either by post or email: clinicasiipemor@grupohpa.com.
3. Once a written confirmation has been received, CPSIPEMOR will cancel the Card and will issue a substitution Card.

CANCELLATION OF THE CARD

1. Cancellation of the contract must be communicated in writing, with a 15 (fifteen) days notice period by either party.
2. Once cancelled the Card holder must return the Card to CPSIPEMOR within 15 (fifteen) days.
3. The CPSIPEMOR reserves the right to cancel or suspend the use of the Card in case of breach of contract.

ALTERATIONS OR UPDATES

1. The CPSIPEMOR is free to, at any time, modify these general conditions, but must inform the Card holder within a minimum notice period of 15 (fifteen) days, via one of the following means: email, Letter, Fax or SMS.
2. The Changes or Updates stated in point one, give the Card holder the right to cancel the Card, within a period of 15 (fifteen) days.

ALTERATIONS OF PERSONAL DETAILS

1. Alterations or Changes of personal details must be communicated in writing to the CPSIPEMOR by the Card holder.

REFLEXION PERIOD

1. The card holder can revoke the present contract by registered letter within a 7 (seven) day period, from the application date.
2. The cancellation of this contract during the first 7 days does not entail any expense to the card holder.

PRIVACY POLICY

1. **Data Collection and its Use**
The HPA Health Group is the entity responsible for collecting and processing the personal data of Users.
The personal data collected will be processed and stored by the HPA Health Group or by an entity contracted by HPA for answering your queries, comments and suggestions as well as appointment requests.
Personal data collected shall be stored for the period and purpose which might be necessary in order to comply with requests, after which it shall be deleted.
The HPA Health Group assumes that the data collected was inserted by the respective holder and that its insertion was authorized and accurate.
2. **Right of Access**
In compliance with Legislation Act 67/98, of October 26, for the Protection of Personal Data, the user may, at any time, exercise the rights of access, rectify and cancel their personal data, as well as the right of disagreeing with the treatment thereof, by written request addressed to: Grupo HPA Saúde, Estrada de Alvor, 8500-322 Portimão, Portugal.
3. **Data Transmission**
The HPA Health Group may transmit personal data to a third party provided that it has unequivocally obtained the consent of the User or when the request is of a legal nature, from the National Data Protection Commission; or the communication is carried out to protect the vital interests of the User or any other legitimate legal purpose.
4. **Changes to the Privacy Policy**
The HPA Health Group reserves the right to, at any time and without prior notice, alter, add or revoke, partially or totally its Privacy Policy with immediate effect.
Any alteration will immediately be posted online on this same page.

> PLEASE TICK IF YOU DO NOT WISH TO RECEIVE FURTHER NEWSLETTERS.

SERVICES	COST/ DISCOUNT***	
	CORPORATE	STANDARD
GENERAL PRACTITIONER CONSULTATIONS AT CPSIPEMOR	35€	20€
SPECIALISTS CONSULTATIONS	-10%	-20%
NURSING TREATMENT	-10%	-20%
HOME VISITS	-10%	-20%

SERVICES	COST/ DISCOUNT**	
	CORPORATE	STANDARD
HEALTH SCREENINGS	-50%	Free ¹⁾
PRIVATE AMBULANCES	-30%	-30%
EMERGENCY EPISODES AT HPA HEALTH GROUP UNITS	-20%	-20%
OTHER SERVICES AT HPA HEALTH GROUP UNITS	-10%	-10%

*** Discount on the CPSIPEMOR and HPA Price List.

1) In most free screenings. However, in screening where consumables or equipment are used, a residual value may be charged.

SIGNATURE _____

DATE / / _____