

Livewell Southwest

Patient Monies & Property Policy

Version No 1.4

Review: December 2017

Notice to staff using a paper copy of this guidance.

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Contents		Page
1	Introduction	5
2	Purpose	5
3	Duties	5
4	Definitions	5
5	Patients' Monies and Personal Belongings	7
6.	Monies of long stay patients	8
7.	Returning property	9
8.	Returning monies & property of deceased patients	10
9.	Unclaimed Property	12
10.	Property not brought into hospital	13
11.	Accounting arrangements	14
12	Patient's ability to manage their own affairs	15
13.	Social Security benefits	15
14.	Patients neglected by their appointees	16
15.	Patients unable to appreciating personal allowances	16
16.	Other payments	16
17.	Public Guardianship Office	17
Appendix A	Property Disclaimer Notice	18
Appendix B	Patient Property Disclaimer	19
Appendix C	Letter to discharged patient for collection of property	20

Patient Monies and Property policy

1. Introduction

The Patient Monies and Property policy provides guidance on the appropriate actions to take considering the following:

- LSW liability and disclaimers
- Recording procedures for property and cash placed into the care of the LSW.
- Care of monies held for long stay patients
- The responsibility of the LSW regarding monies and property of patients who die in hospital
- Funeral arrangements and patients monies and property
- Guidance concerning the return of monies and property for both living and deceased patients
- Guidance on dealing with unclaimed monies and property
- Responsibility of the LSW regarding patient property not brought into hospital.
- Accounting arrangements please note this includes guidance on recording withdrawals of patient monies and records required when clinical staff or the LSW as a body make purchases on the patients behalf.
- Guidance on the actions and responsibilities of the LSW in relation to patient monies and properties were patient's are unable to manage their own affairs.

2. Purpose

To provide guidance to staff to ensure that the LSW acts in accordance with the recommendations stated in the Healthcare Financial Management Association (HFMA) Patient Monies and Belongings practical guide.

The HFMA guidance outlines good practice relating to the LSWs handling of patients' monies and property.

The HFMA is a representative body for finance staff in healthcare.

3. Duties

Director of Finance has overall responsibility for this policy

4. Definitions

Patient capacity (Patient mental capacity)

In line with the Mental Capacity Act (2005) To have sufficient capacity to make a decision a person must be able understand, retain and employ relevant information in the decision making process. The patient must also be able to communicate their decisions effectively.

Public Guardianship Office

Public Guardian office “supports and promotes decision making for those who lack capacity or would like to plan for their future, within the framework of the Mental Capacity Act 2005” www.publicguardian.gov.uk/

Probate

“Probate is the court’s authority given to a person or persons to administer a deceased person’s estate. www.hmcourts-service.gov.uk

Receiver

A person(s) appointed by the court to manage and administer a person's affairs whilst they are unable to do so themselves. www.publicguardian.gov.uk

Grant of probate/letters of administration

“A legal document which allows the person or persons named in it to collect in and distribute the estate (property, money, possessions etc.) of the deceased.”

www.hmcourts-service.gov.uk/

Lasting power of attorney (LPA)

LPA is a legal document that lets a person appoint someone as an ‘attorney’ to make decisions on their behalf. This document can be drawn up while a person has capacity. The LPA must be registered with the Office of the Public Guardian to have legal standing.

The LPA can then be used at any time, whether the person has mental capacity (as defined under the mental capacity act 2005) to act for yourself or not. www.direct.gov.uk

Enduring power of attorney was replaced by lasting power of attorney on 1 October 2007

“Any EPA remains valid whether or not it has been registered at the Court of Protection, provided that both the donor of the Power and the attorney/s signed the document prior to 1 October 2007” Alzheimers.org.uk

Intestate

To die intestate is to die without a will. www.direct.gov.uk

5. Patients' Monies and Personal Belongings

Clear guidance should be provided to staff and patients regarding the care of patients' monies, valuables and belongings.

- Notices should be published stating that the LSW disclaims liability for loss of money and/or personal belongings except when these are taken into safe custody. (Appendix A)
- The notices should be overtly displayed in all wards, clinics and health centres and patients and relative's attention should be drawn to the notices.
- Liability disclaimers should also be included in admission documentation. (Appendix B)
For advice on the construct of a disclaimer notice please contact the finance department who will refer to the "Patient monies and belongings" practical guidance issued by the HFMA.
- Patients should sign to acknowledge (where clinically possible) that monies & property not deposited with staff is held at their own risk.
- Provision should be made for the safe keeping of items deposited with staff

If Outpatients/day-patients are required to undress for treatment or examination and are not able to take their valuables with them, the LSW must safely store these. Appointment cards should inform patients not to bring valuables with them.

Where possible monies & property not required by the patient should be placed in the care of a relative or friend on admission.

Monies & property placed in the hands of the LSW must be entered in a patients' property book. Except for monies (see below) this book will be the only method used to record this information. The book must be pre-printed with sequentially numbered pages. A minimum of three copies will be held for every input to provide:

- A receipt for the patient/relative
- A receipt for the finance department/Ward Manager accompanying the cash/property deposited.
- A receipt to be retained within the patients' property book.

Monies & property deposited with the LSW will be inspected, recorded and signed for by two members of staff. The patient or patient's representative should also sign to acknowledge that the information recorded is accurate and complete. Incorrect entries

must be retained and clearly marked 'Void/Cancelled'.

Item descriptions must be as objective as possible i.e. yellow not gold, silver coloured not silver. The patient must also sign to acknowledge whether the properties value is above or below £200.

The patients' property book is an important legal document. It must be stored safely and be available without delay for examination by authorised employees.

Once a valid record has been entered into the patients' property book, the property should be labelled, placed in a container and sealed. The patient's name and hospital number should be recorded on this container and then securely stored.

A common sense approach to the above advice is necessary. Where items are of reasonably low value and regular access to the items is required (e.g. stored clothing needed on a daily basis) staff may choose to make more practical arrangements. However these arrangements should still ensure patient property is stored securely.

The provision of night safes should be considered where appropriate. Items of high value must be placed in the most secure environment available.

The storage site/option used should also be recorded within the patients' property book for each entry.

Where patient monies are deposited, along with the entry made into the patients property book a cash receipt should also be obtained from the finance office and presented to the patient. A copy of this receipt must be attached to the associated record within the patients' property book.

For patients who lack the capacity to make informed choices over the safe -guarding of their monies & property, it is the LSWs duty to take the patients monies & property into safe custody. As before property should be inspected and the information recorded in the patient property book. This should take place in the presence of at least two employees

An even higher degree of care should be taken in these cases.

6. Monies of long stay patients

Investment of monies

For patients who accumulate in excess of £200 and maintain this balance for longer than three months, a suitable amount should be retained for their urgent needs. A lower limit or shorter period may be used if this is felt beneficial

Patients with the capacity should be encouraged to open an account in their own name. Necessary safeguards should be established to prevent misappropriation. Assistance should be provided as and when required, to open and operate such an account. The

LSW must keep in safe custody all documents relating to the patients' account.

If a patient cannot or will not open an account in their name and the funds are handed into the LSW for safe keeping the LSW should hold these funds in their bank account and as third party assets. The LSW does not pay interest on the amount held

Patients who die in hospital

The LSW only accepts responsibility for patient monies & property placed in the LSW's care prior to the patient's death and monies & property held in the patient's possession at the time of death.

A duty is placed on Local authorities (under section 48 of the National Assistance act 1948) to safeguard movable property of hospital patients if no other arrangements are in place.

In order for a Local Authority to provide assistance under the Act they must be advised prior to a patient's death otherwise they have no power to act. Local authorities must therefore be informed on a patient's admission to hospital where there is the possibility the Local authority may need to act.

Monies & property in the patient's possession at the time of death must be held securely by the LSW until person(s) entitled to administer the estate specify what action to take.

Funeral arrangements

The circumstance may arise where a deceased patients is not eligible for social fund funeral payments and whose relatives either cannot afford the funeral or cannot be traced.

In such circumstances the LSW has a duty to arrange and pay for the patient's funeral. Funds held by LSW for the deceased patient may be put towards this expense.

Where these funds fail to cover the funeral expense, the LSW should attempt to recover the outstanding amount from any duly appointed personal representative.

If the LSW has cause to believe that relatives who are unwilling to pay for the funeral can afford to, the LSW must inform the Local authority and requested that the council make arrangements for the funeral (Public Health Act 1984.)

7. Returning property

When monies & property is returned to patients, relatives or next-of-kin, the receiver and a witness must sign a receipt acknowledging transfer of the specific items

A minimum 3 copy record of the receipt should be used so as to provide a copy for:

- The receiver.
- The finance department.
- The patients' property book.

This should be attached to the entry associated with the initial deposit of the monies & property with the LSW.

Monies & property should not be handed over to anyone other than the patient without the patient's written consent. Where there are concerns over a patient's capacity to issue such consent, medical opinion is required to confirm whether the patient lacks capacity.

In some environments it may be considered necessary to record all retained patient monies & property together with any subsequent changes e.g. replaced clothes. The keeping of such records generally falls under the ward Manager's jurisdiction.

Where patients lack mental capacity low value items and clothing may be handed to friends or relatives without patient consent. The receipting system previously described must be employed. Money and valuable items should be held in the LSW's care until patients have regained sufficient capacity to determine their disposal.

If such capacity is unlikely to return guidance should be sought on the future safeguarding of their monies & property from the finance department.

8. Returning monies & property of deceased patients

Monies & property released prior to probate being granted.

Only the grants of probate or letters of administration are sufficient to prove to the LSW that a valid receipt can be provided by a person or persons for the estate's monies & property.

Releasing property prior to this has a risk attached. However it is common practice to release monies & property worth less than £5000. Consideration must be given to whom the monies/ property is released.

When there is a will

Where a will exists responsibility of the estate falls to the executor.

If the executor relinquishes the appointment before legal proof is obtained or the will's validity is contested the person claiming control of the estate must apply for probate.

Applications for a 'grant of probate' are made to the probate registry a division of her majesty's court service. The 'grant of probate' confirms authority to administer the deceased's monies and property

Where no will exists

The probate division is a division of the High Court of Justice

Monies & property of patients who die intestate rests in the president of the probate division until attainment of a Grant of Letters of Administration.

What this means is if a person dies without a will their monies and property are held "in LSW" by the probate division. i.e. the probate division controls the patient's monies and property.

The Letters of Administration officially appoint an administrator. So once this has taken place the administrator then controls the Monies and Property.

Upon receipt The Letters of Administration amount to formal evidence of the appointment of person(s) as administrator(s) as from the date of the patient's death.

Where such a patient has next of kin complications may arise. If this occurs legal advice should be sought.

Enquires should be made by the LSW to determine the value of patients property. (see section 5). Where the value of the item has been recorded as over £200 it should be professionally valued. The fee for this will be borne by the estate.

The LSW will not release patient monies & property held in its care with a value equal to or greater than £5000 until Letters of Administration are provided.

The identity of appointed person(s) in the Letters of Administration must be carefully checked by the LSW. Passport provision is suggested as a means to verify identity. Records of the identity checks made should be kept for 6 years

Where the value of monies & property held by the LSW is under £5000 the following action should be taken:

Determine the relationship of the claimants to the deceased & verify the claimant's right to apply for Letters of Administration in reference to the patient's estate.

Written authority should be obtained from all persons with an equal or priority claim to the monies/property prior to monies/property being transferred to the claimant.

Monies/Property will only be transferred to the claimant after both conditions have been met and their identity verified. Records should be kept of checks made and documentation provided.

Guidance on where to store records of identification is linked to the guidance currently being sought by the finance department regarding what constitutes an adequate record for identification checks and the length of time such records should be held. Staff are advised to contact the finance department January 2010 for further advice on this issue.

A signed receipt indemnifying the LSW against all possible claims should be obtained from the claimant. Monies/Property may not be transferred to a minor (person under 18 years old).

In the event of a minor making a claim independent legal advice should be sought.

Where no lawful next of kin and no will exists.

Patients with no lawful kin who die intestate will have their monies/property transferred to the crown. The treasury solicitor should be notified of the details of the monies/property to be transferred. www.treasury-solicitor.gov.uk.

9. Unclaimed Property

Property with an aggregate value of over £200 will fall into the category of valuable items.

Items of low value

Low value items left by the Patient and not claimed within 2 months can be assumed to be abandoned and may be disposed of. There must be a minimum of 2 attempts made to contact the patient or next of kin at the last known address to ask them to collect the property.

Valuable items

A minimum of 3 attempts to trace the owner or next of kin should be made. Detailed records of these attempts should be kept. If these attempts are unsuccessful the articles should be kept for 6 years under the Limitation Act 1949. Even after this period expert advice should be sought before disposal

Property disposal

The proceeds of disposed property and any unclaimed cash should be credited to the exchequer account. In the event of a successful claim to the disposed property the amount received on disposal and held in the exchequer account should be transferred to the claimant.

Bank books, benefit books/cards and national savings certificates should be returned to

their issuing authorities. An explanation of how these items came into the LSWs custody should be provided.

Discharge and transfer of patients.

Patient monies and property held by the LSW should be returned on discharge directly to the patient. If the patient is unable to handle the funds an authorised custodian (this can include other hospitals or local authorities) may have the funds transferred to their care.

Finance department should ensure:

- Receipts and payments are correctly posted to the patient's account
- Any amounts due to the LSW are deducted from the account

If money/property can not be returned to the patient, no authorised custodian exists and this situation persists for a year following the patient's discharge the following action should be taken:

The patients' monies should be held as third party assets under 'sundry creditors' on the LSW's balance sheet. A suspense code allowing the funds to be linked to the patients should be employed. The account should be maintained and reconciled regularly so valid claims can be debited from the account. Bank books etc should be transferred to appropriate authorities. Receipts are required to document transfers from the LSW.

10. Property not brought into hospital

Under normal circumstances, a LSW has no responsibility for a patient's property, not brought into hospital with the patient. However, the National Assistance Act 1948 (section 48) states "where a patient is admitted to hospital and it appears to the local authority that there is a danger of loss of, or damage to, any personal moveable property by reason of their temporary or permanent inability to protect or deal with the property and that no other suitable arrangements have been or are being made, it is the duty of the **Local Authority** to take reasonable steps to prevent or mitigate the loss or damage." A local authority may not act if a patient dies prior to notification. LSW staff should notify Plymouth City Council promptly following an admission which is likely to require protective action.

Internal audit strategies should scrutinise all aspects of the patients' monies system.

The LSW should maintain and control a banking facility for all patient' money transactions. Internal and external audit advice should be sought regarding this approach.

11. Accounting arrangements

These should ensure:

- The issue of official receipts for all monies received.
- The issue of proper receipts for all issues of property
- A responsible officer authorises all payments and requisitions
- Each patient has a Personal account maintained for the management of items deposited with the LSW.
- Receipts, payments and balances are held for patient accounts and reconciled at least quarterly.
- Relevant control accounts are held.
- Patients should be informed of their account balances at regular intervals. Balance information should be available on patient request.
- Patients' monies are to be incorporated in to the annual accounts as third party assets

The LSW's Standing Financial Instructions determine how repayments and disbursement are transacted. Disbursements must not be made from cash receipts prior to them being banked.

Regular reconciliation of the patients' monies cashbook should be performed to ensure that the LSWs and 'Patients monies' accounts remain separate. Staff directly responsible for day-to-day management of patients' monies should **not** perform the reconciliation.

Withdrawal requests for patient accounts should be made in writing by the patient & retained by the LSW. If incapable a member of nursing staff may make the request on their behalf.

The recipient of the withdrawn funds (patient/delegated individual) must sign to acknowledge receipt in order for the funds to be transferred to them.

Where a staff member collects money from a patient in order to purchase goods on their behalf, the purchase receipts must be filed with the money request forms.

A patient may request regular payments are set up from their accounts and require the LSW to administer this. In order to act the LSW must have authorisation forms signed by the patient/individual appointed to act on patients behalf before payment can be made.

If large or expensive purchases are made on a patient's behalf an official order can be placed with a retailer. These orders must contain the patient's name, the purchase item and maximum price to pay.

The retailer must issue an order confirmation to the LSW or the patient if appropriate. The invoice will be checked against this to verify it prior to payment.

Any withdrawal request which would lead to a patient going overdrawn may not be processed

12. Patient's ability to manage their own affairs

Clear medical evidence must be acquired to remove a patient's right to manage their own affairs. A patient's capacity to manage their affairs may alter during the stay and an up to date care plan is needed to reflect the current situation.

If unable to manage their affairs patients may not delegate power of attorney or other authority. Unless a valid lasting power of attorney is in place, the Public Guardianship Office (PGO) must be informed.

The PGO then has jurisdiction over the patient's monies/property and affairs and will provide details of the person ('Receiver') appointed to act on behalf of the patient to the hospital.

"If a patient not under the jurisdiction of the PGO expresses a wish (or if any other person wishes the patient) to sign documents, to make a will, to transact other business or to dispose of property, the Responsible Medical Officer should satisfy him or herself that the patient understands what he or she is proposing to do and the likely impact/effect of these actions" (Ref HFMA Patient monies and belongings a Practical guide 2005 p21.)

Concerns regarding a patient's mental capacity should be discussed with the patient's nearest relative or solicitor and, where necessary, the PGO should be contacted for advice.

If adequate protection is already provided an application for the appointment of a Receiver is not required. For example, where the LSW acts to ensure the use of funds benefits the patient.

A 'short procedure order' can no longer be issued as of 2007 a "full order" would need to be applied for.

13. Social Security benefits

When an inpatient is receiving benefits the Department of Work & pensions (DWP) & the local authority for housing & council tax benefits need to be notified. Where a patient is incapable of such notification & has no representative to act on their behalf the notification requirement falls to the LSW.

It should be established on admission whether the patient receives statutory benefits & if anyone is entitled to act on their behalf. When necessary the LSW should ensure safe keeping of the patients benefit cash card & Personal Identity Number (PIN).

Where a patients financial affairs are managed by the LSW it will generally be appropriate for a patient to have access to their benefit funds.

For further detail regarding arrangements of access to such funds and effects of an

inpatient stay on benefit entitlement please contact the financial department who will refer to the Healthcare Finance Management Association (HFMA) guidance on patient monies.

14. Patients neglected by their appointees

The LSW should also advise the appointee of their responsibilities.

The LSW should inform the DWP where an appointee receives benefit on a patient's behalf but does not afford the patient pocket money or comforts from these funds.

Once reported the DWP will investigate the case and may arrange for the LSW to act as appointee where necessary.

15. Patients unable to appreciating personal allowances

The responsibility to ensure entitlements are appropriately spent on patient care falls to the LSW. For details concerning the LSW's actions regarding the Personal allowance rates of benefit (a benefit normally available after a years inpatient stay) please contact the finance department. They will refer to the HFMA patient monies and belongings practical guide.

Patients incapable of managing their own affairs who move into the community should have any significant savings safeguarded by the LSW.

Patients who lack capacity, or other appropriate legislation may have limitations placed on the amounts of cash they can receive at any one time for reasons of limit ability to handle cash or therapeutic undesirability. Guidance should be sought from the DWP in reference to these limitations.

16. Other Payments

Where a patient has external commitments e.g. rent it may be necessary for the LSW to use the patient's funds to meet these commitments. Where mental disordered patients, "who's affairs are not subject to an order of court protection, or to a duly appointed receiver" (HFMA Patient Monies and Belongings a Practical Guide), have payments made on their behalf, the patient must understand the nature of the transaction. A certificate must be provided by the responsible medical officer acknowledging this to be the case.

Please contact the finance department for further information on this or any other area of the policy. They will refer to the HFMA patient monies and belonging practical guide for advice.

17. Public Guardianship Office

For patients who lack the mental capacity to handle their own affairs the PGO provides a financial protection service.

In such cases the PGO ensures receivers or attorneys are appointed to safe guard patient finances. Typically a receiver is assigned by Court of Protection when a patient has:

- In excess of £10,000 in cash after debts are paid
- Properties where a requirement exists for the property to be sold.
- The court considers the patient's income level sufficient to warrant a receiver

For details regarding selection of a receiver, applications and notification of appointment, the powers and duties and termination of arrangements please contact the finance department who will refer to the HFMA Patient Monies and Belongings practical guide.

The LSW's duty to protect patient's monies/property deposited with the LSW is not nullified by the appointment of a Receiver.

Purchases made on the patient's behalf (using the patient's funds) should be brought to the attention of the patient. A record of goods purchased for individual patients and distributed or held on the ward should be maintained by the nurse in charge. This record should remain accessible allowing inspection by a senior nurse and/or the Director of Finance should it be required.

PROPERTY DISCLAIMER NOTICE

Livewell Southwest will not accept any responsibility or assume any liability for property brought onto LSW premises unless the property is handed to a member of staff for safekeeping.

Individuals who decline to hand property in for safekeeping will be asked to sign a disclaimer form and retain responsibility for that property.

The LSW cannot assume any responsibility or liability for the safekeeping of property if it is of a perishable nature or requires special arrangements for its safekeeping.

If you wear a hearing aid, glasses or false teeth you should be aware that the LSW cannot accept responsibility for their loss or damage.

If property is left behind, efforts will be made to return the property. If any property is unclaimed after a period of 6 months, however, the LSW retains the right to dispose of the property as deemed appropriate.

The LSW recommends that all high cost items are insured by the patient, for loss or damage.

It is entirely within the discretion of the LSW whether or not to accept any property for safekeeping.

For further details please ask a member of staff.

For patients attending clinics/outpatients property must remain with the patient at all times

Patient ID label

Livewell Southwest
Patient's Property Disclaimer

The LSW cannot accept responsibility for patient's personal property and therefore recommends that any valuables are handed into the Nurse in charge for safekeeping in the Cashier's office.

I have read the above statement and accept sole responsibility for any personal property retained in my possession.

Signature of patient:
(Relative/carer where patient unable to sign)

Name of patient (block capitals):

Signature of member of staff:

Designation:

Ward:

Date:

To be retained in patient's hospital notes

Note: If a patient refuses to sign the declaration a note should be made to this effect in the space for patient signature. Obtain a confirming signature from a second member of staff as a witness.

Valuables (with patient / cashier)	Equipment
	Spectacles
	Hearing aid: RT LT
	Dentures

Appendix C

Letter to discharged patient for collection of property

Dear

I am writing to inform you that on [date] whilst you were an inpatient on[ward] you left some property. I would appreciate it if you could contact the ward on [number]..... to arrange for a collection time / date that is convenient for you to collect your items.

In accordance with NHS Patient Monies and Property Policy, I am required to make appropriate attempts to contact you.

Following a period of 2 months, your property will be disposed of.

Please contact the ward if you wish to discuss this further.

Regards

[Signature]

[Print Name]

All policies are required to be electronically signed by the Lead Director or Assistant Director.

(The policy will not be accepted onto Healthnet until the e signature is received.)

The proof of signature for all policies is stored in the policies database.

The Lead Director, Assistant Director or Head of Service approves this document and any attached appendices.

Signed:

Date: 12th September 2011