

PRACTICE AGREEMENT

DISCLOSURE

I the patient named below agree to disclose all material facts regarding my health to my General Practitioner and his/her clinical staff. We the practice declare that we shall not disclose any information regarding the patient without the patients written consent.

CONFIDENTIALITY

We the practice declare that we shall hold confidential all matters pertaining to the patient and not release such information without the patient's written consent.

APPOINTMENTS

I agree to try to attend on time for all appointments that I book with the practice and cancel in advance any appointment that I cannot attend. I acknowledge that should I arrive late for an appointment I may be asked to re book for another time. We will try to see you at your appointment time but may ask you to come back for another appointment if your problem takes longer than the time you have booked (i.e. 10 mins for one appointment 20 mins for a double appointment)

EMERGENCY CLINIC

I agree only to use these appointments for medical emergencies that require immediate medical treatment. I agree to contact the surgery before 11am. There are **Very limited emergency appointments in the afternoon.**

HOME VISITS

I shall only request a home visit from the practice under circumstances where I cannot physically attend at the practice; I will endeavour to make this request no later than 11:00 am

OUT OF HOURS SERVICES

I agree to use the out of hours services **only** when it is medically necessary, otherwise I shall wait until the following morning and either attend the emergency morning clinic or request a home visit.

PATIENTS NAME:
SIGNATURE:

MOBILE PHONES

I agree to **switch off** my mobile phone **before** entering the practice and to keep it switched off at all times while I am within the practice building. I agree to switch it off **immediately should it ring** while I am within the building

REPEAT PRESCRIPTIONS

I agree to requesting repeat prescriptions giving the practice **two working days notice** of my need for medication. Furthermore I agree to make my request either in person, by fax, post or on slip provided. We do not accept telephone requests for repeat prescriptions

TREATMENT OF STAFF

I agree with the policy of zero tolerance of abuse towards all *NHS staff*. I agree **not** to behave in an abusive, threatening or otherwise aggressive with any member of the practice staff. I acknowledge the right of the practice to remove me from their list without appeal should I behave in a manner prohibited. All the staff and doctors agree to behave in a polite and professional manner

COMPLAINTS

If I am dissatisfied with the service I receive from the practice. I will complain in writing to the practice manager or complete the complaints form available from reception. The practice agrees to treat all complaints seriously and will reply in writing within 14 days

FOOD/DRINK

I agree that in the interest of fellow patients it is unacceptable to consume food/drink within the practice building and agree to observe this requirement at all times

Chatfield Health Care thanks you for reading and signing this agreement.

D.O.B.....
DATE: