

## New Patient/Practice Agreement

Name (print)		Date of Birth		Initial to indicate your understanding and agreement
Below:	I = the Patient			
	We = the Practice			
<b>Disclosure</b>				
I 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 you without your written consent, unless required to do so by a court order or any other legal obligation.				
<b>Confidentiality</b>				
We declare that we shall hold confidential all matters pertaining to you and not release such information, except in relation to managing your care (eg referral letter) without your written consent, unless required to do so by a court order or any other legal obligation.				
<b>Evidence Based Medicine</b>				
I understand and agree that Central Surgery clinicians practice evidence based medicine and as such they may make changes to my existing treatment in order to optimise my health care.				
<b>Appointments</b>				
I agree to <b>arrive on time for all appointments</b> that I book with the Practice, or to cancel in advance any appointment that I cannot attend.				
Cancelation can be made on line or by selecting <b>option 2</b> from the telephone menu.				
I acknowledge that if I arrive more than 10 minutes late for an appointment I will only be seen at the clinician's discretion, based on his/her assessment of my clinical need, and that I may be asked to wait until the end of the surgery, or to rebook for another time/day.				
<b>Prescribing</b>				
I understand and agree that Central Surgery do not believe in prescribing benzodiazepines (such as temazepam, nitrazepam, diazepam and Z drugs) unless for short term use. Central Surgery cannot guarantee that they will issue opiates or benzos- and especially not on the day I register. They have a policy on general withdrawal of these unless I am on a shared care scheme.				
<b>Repeat Prescriptions</b>				
I will give <u>two working days' notice</u> when requesting a repeat prescription.				
Furthermore I agree to make my request in writing: by email, fax or online.				
I acknowledge that requests cannot be made by telephone				
<b>Test Results</b>				
I understand that I can telephone for results of medical tests after 11 am.				
I acknowledge that <b>I am responsible for contacting the practice</b> for results, and that I will only be contacted by you in cases when I need urgent medical attention following a test.				
<b>Home Visits</b>				
I will only request a home visit from the Practice under circumstances where I cannot physically attend at the Practice, and have no one who can assist me.				
I will endeavour to make this request no later than 10:30 am.				

<b>Telephone appointments</b>		
I understand that I may book a telephone consultation with a doctor or nurse, but I will not be able to speak with them whilst they are consulting with other patients.		
<b>Out of Hours Services</b>		
I agree to use the Out of Hours Services only where it is medically necessary, otherwise I will contact the surgery when it is next open.		
<b>Out of Area Patients</b>		
I acknowledge that I live outside the practice area and have registered since 15/01/2015. I am not therefore included in out of hours or home visiting services. [Delete if not relevant.]		
<b>Non NHS Services</b>		
I agree to pay fees for non NHS services (such as medical certificate for absences less than 7 days or private medicals etc). I understand such services are not covered under the NHS. I acknowledge that private letters and forms that are not clinically urgent may take up to 20 working days to process. I understand that all private fees must be paid in cash or by cheque when services are requested or when documents are collected.		
<b>Zero Tolerance</b>		
I agree with the policy of <b>Zero Tolerance</b> of abuse towards all NHS Staff and I agree <b>not</b> to behave in an abusive, threatening or otherwise aggressive manner with any member of the Practice Staff or others at the health centre. I acknowledge the right of the Practice to remove me from their List without appeal should I behave in a manner prohibited. I can expect to receive equal respect and courtesy from the Practice Staff.		
<b>Bringing Children</b>		
If you bring children to the surgery, we would be grateful if you would ensure they do not disturb other patients. Please supervise them at all times.		
<b>Mobile Phones</b>		
We welcome the use of mobile technology. Please make use of our Wi Fi, free for the first 10 minutes (longer for selected health care sites). We simply ask you to be sensitive to others when using your mobile phone; by muting the ringer (to vibrate only or silent) and speaking quietly and at a reasonable distance from others in the waiting room. We would request you not to use the phone facility whilst in a consultation.		
<b>Food and Drink</b>		
Please make use of the cooled water dispensers. Ask at Reception for a cup. Please supervise children using this facility and let us know if there is a spillage. If you have drinks or snacks while you are waiting for your appointment, please dispose of containers in the waste bins. Please do not eat hot food or drink alcohol in the waiting room.		
Signed		Date