

PATIENT AGREEMENT

HUGHENDEN VALLEY & THE CHEQUERS SURGERY

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 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 rebook 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. If you have more than one problem to discuss you can ask for a double appointment when you contact reception.

EMERGENCY APPOINTMENTS

I agree only to use the appointments for medical emergencies that require immediate treatment.

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 11.00am.

POLICY ON SEEING MINORS

All children under the age of 12 must be accompanied by an adult throughout the consultation and examination. Young people between 12 and 14 can consult alone but must attend the Surgery accompanied by a responsible adult whose permission and cooperation will be sought. 14-16 year olds may attend unaccompanied and consult alone provided that the doctor assesses them to be competent. Our confidentiality policy gives anyone over the age of 14 the rights to only have test results given to them, the patient, and results will only be given to the parent if it is clearly written in the patient notes that permission has been given for that episode of care.

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, online, 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 manner 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. The Practice agrees to take all complaints seriously and will reply in writing within 14 days.

CHAPERONES

A chaperone is available for any consultation at any stage. This can be requested via the reception staff or any clinical staff member.

PRIVATE FEES

We are often asked to write letters and complete forms on behalf of patients. This isn't covered under the NHS and there will be a charge made; an example is given below. Please contact the Surgery for an up to date price if necessary before leaving your request.

- Private sick notes
- Passport forms
- Private prescriptions for travelling abroad
- Holiday vaccination certificate
- Private medical certificate
- Sickness/accident benefit form
- Fit to travel
- Freedom from infection certificate
- Holiday cancellation form
- Medicals
- Private vaccinations

Patient's Name

Signature:

Date:

THANK YOU FOR READING AND SIGNING THIS AGREEMENT