

## Patient/Practice Agreement for St James' Practice

### Disclosure

I, \_\_\_\_\_ agree to disclose all material facts regarding my health to my General Practitioner and his/her Clinical Staff. I will book a New Patient Check with the Nurse to complete my registration and will bring all my current medications to my appointment.

### 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 attend on time all appointments that I book with the Practice and to 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.

### 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 10:00 A.M.

### 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 contact the surgery.

### Mobile Phones

I agree to keep my mobile phone switched off at all times while I am within the Practice building. If I forget to switch it off, I agree to switch it off immediately should it ring while I am within the building.

### Repeat Prescriptions

I agree that when requesting Repeat Prescriptions I shall give two working days' notice of my need for medication. I agree to make my request either in person, online, by post or by e-mail. I acknowledge that requests cannot be made by telephone (exception for housebound patients if agreed by the practice).

### Medicines

I understand that the GPs practice Evidence Based Medicine and as such they may make changes to my existing treatment in order to optimise my health care. I acknowledge that they do not believe in prescribing benzodiazepines (such as temazepam, nitrazepam, diazepam and Z drugs) unless for short term use, and cannot guarantee that they will issue opiates or benzos – especially not on the day of registration. St James' Practice has a policy of general withdrawal of these unless you are in a shared care scheme.

### Telephone Results

I agree to telephone for results of medical tests between 12 and 2PM.

### Treatment of Staff

I agree with the policy of zero tolerance of abuse towards all NHS Staff and I agree not to behave in an abusive, threatening or otherwise aggressive manner towards 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 such a manner.

### Food/Drink

I agree that it is unacceptable to consume food or drink within the Practice building and I agree to observe this requirement at all times.

### Non NHS Services

I agree to pay fees for non NHS services (such as medical certificate for absences less than 7 days)

**The Practice thanks you for signing this agreement**

**I agree with all the terms stated above**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_