



PATIENT AGREEMENT FORM

Please read through all the information below before signing. The surgery will take a copy and will keep it in your personal records to show you agreed to the practice's terms and conditions.

Disclosure

I, the patient agree to disclose all material facts regarding my health to my general practitioner and other clinical staff.

Treatment of staff

I agree with the policy of zero tolerance of abuse towards all staff, also not to behave in an abusive, threatening or otherwise aggressive manner with any member of the practice. I acknowledge the right of the practice to remove me from the surgery list without appeal should I behave in a manner prohibited.

Repeat prescriptions

I agree to request any repeat prescriptions two full working days before collection and give three full working days when a bank holiday arises. I understand I can only request prescriptions from the surgery by requesting online or over the telephone 9am – 11am Monday and 9am – 10am Tuesday to Friday.

Complaints

I understand that if I am dissatisfied with the services at Wansford and Kings Cliffe Practice, I must speak to a senior member of staff or put my complaint in writing.

Confidentiality

Wansford and Kings Cliffe Practice declares that all matters and information pertaining to the patient shall not be released without the patient's consent.

Appointments and emergency appointments

I agree to attend on time for all appointments that I book with the practice and cancel any I cannot attend in advance by contacting the surgery or personally informing a member of staff at reception. I acknowledge that if I arrive late for an appointment, I may be asked to rebook for another time. I agree to only use emergency appointments for medical conditions that require immediate treatment.

Home visits

I shall only request a home visit from the practice under the circumstances where I cannot physically attend the practice for an appointment.

Chaperones

I understand that a chaperone is available for any consultation at any stage and that I can request this via the reception staff or any clinical staff.

Mobile phones

I agree to either switch my phone off or ensure it remains on silent at all times whilst being within the practice. When making and receiving phone calls I must stand outside the practice to respect others around.

Private fees

I understand and accept that the surgery is asked to write letters and complete forms on behalf of a patient, which is not covered under the NHS. I agree that in such circumstances, there will be a charge, which may vary depending on the type of request made. Please contact the surgery or speak to a member of staff at reception for details of our fees, before leaving your request. I understand that in most cases, a doctor's appointment is not necessary when the completion of a form is needed. I agree with the surgery's policy that I must leave the form with a member of staff at reception along with the correct payment before completion and that the surgery cannot provide any further change. I understand that I must allow at least 28 days before the successful completion of a form.

BY SUBMITTING THE ON-LINE REGISTRATION FORM YOU AGREE TO COMPLY WITH THIS AGREEMENT.