

# **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 practices 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 prescription**

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 within the surgery by filling out a form or online, I cannot request over the telephone.

## **Complaints**

I understand that if I am dissatisfied with the services at Herschel Medical Centre, I must speak to a senior member of staff or write my complaint in writing.

## **Confidentiality**

Herschel medical centre declares that all matters and information pertaining to the patient shall not be released without the patients 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 but contacting the surgery or personally inform the 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 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 clinic 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 that practice to respect other patients around.

**Policy on seeing minors**

I understand that all children up to the age of 16 must be accompanied by an adult to see any clinical staff member. I understand that the confidentiality policy gives any patient over the age of 16 to retain any of their test results and can be given to the parent only if permission is clearly stated by the patient in their records or a staff member has received verbal consent from the patient.

**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 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 surgeries 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 7-10 working days before the successful completion of a form.

Please state your full name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_