

# ***Welling Medical Practice***

## **Patient & Practice Registration Agreement**

### **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.

### **Treatment of Staff**

I, the patient, agree with the "Zero Tolerance" policy of abuse towards all NHS staff and agree not to behave in an abusive, threatening or otherwise aggressive manner (physical or verbal) to staff at the surgery.

### **Food & Drink**

I, the patient, agree that in the interest of other patients, it is unacceptable to consume food and drink within the practice building and agree to observe this requirement at all times.

### **Mobile Phones**

I, the patient, agree to switch off my mobile phone before entering the Practice and to keep it switched off at all times while I am in the surgery building. If I forget to switch it off, I agree to do so immediately, should it ring.

### **Smoking**

I, the patient, agree to abide by the law and not smoke anywhere within the premises of the practice. This includes all inside areas, gardens and car park.

### **Repeat Prescriptions**

If my doctor has agreed to issue repeat prescriptions, I agree to give a minimum of 2 working days notice. I agree to make the request by using the prescription counterfoil. I can make the request via the internet, post or in person. I acknowledge that requests cannot be made by phone, unless I am housebound.

### **Appointments**

I, the patient, agree to attend on time for all appointments that I book with the Practice and to cancel in advance any appointment I cannot attend. I acknowledge that should I arrive more than 10 minutes late for an appointment I may be asked to rebook for another time. I also understand that the practice has a policy for non-attendance of appointments which can result in being removed from the list.

### **Emergency Consultations**

I, the patient, understand that an emergency consultation is only for treatment of a clinical emergency, which cannot wait until the next available appointment and that routine matters cannot be dealt with in an emergency appointment.

### **Home Visits**

I, the patient, shall only request a home visit from the Practice when I cannot physically attend the surgery. I will endeavour to make this request no later than 11am.

### **Out of Hours Service**

I, the patient, agree to use NHS 111 the out-of-hours service only when medically necessary, otherwise I will wait until the surgery re-opens to consult a doctor.

### **Disclosure**

I, the patient named below, agree to disclose all material facts regarding my health to my General Practitioner and clinical staff. We, the Practice, declare that we shall not disclose any information regarding the patient without the Patient's consent.

*On behalf of the Partners welcome to the Practice & thank you for signing this agreement. Please sign both copies, retain one for your own future reference and hand the other copy to reception with the other registration forms.*

**Patient Name:**

**Date of Birth:**

**Signature:**

**Date:**