

ABBHEY FIELD MEDICAL CENTRE

Patients Agreement

I have read and agree to the following:

1. If I do not attend 3 appointments with a Doctor, Nurse, Nurse Practitioner, Practice Nurse or Health Care Assistant without giving reasonable notice (24hours), I will be asked to register elsewhere. I understand that I will be notified in writing that I will be removed from your Practice. I understand that by just not turning up for appointments I am denying patients who are ill and need to be seen, the opportunity of being offered an appointment.
2. I must be prepared to see the Nurse Practitioner instead of the Doctor for minor illness or where appropriate. (Please note our Nurse Practitioners are skilled and an essential part of our patient care team, helping to free up the Doctor's time for patients with more complex problems)
3. I accept and understand that the length of a routine appointment with a Doctor is 10 minutes. I am aware that if I want to discuss more than 1 problem in each I may be asked to make another appointment. We try to keep to appointment times but sometimes the patient may need more time and you may have to wait a little longer. It may be you who needs some extra time – so please bear with us.
4. I accept and understand that I will not be impatient and abuse the reception/administrative staff. The surgery has a policy of ZERO TOLERANCE and therefore will consider removing any patients who do so from our practice list.

I understand and agree to the above policy

Signed.....**Date**.....

Print Name**Date Of Birth**.....

Patient Record And The Sharing Of Information

Please answer the following two questions:

1. Do you consent to the information that is recorded about you here being made available to other NHS care services that care for you and also use SystemOne? Answering yes will mean clinicians at other services that use SystemOne will be able to see the information recorded here.

(Please circle) **YES / NO**

2. Do you consent to allow Abbey Field Medical Centre to view information about you that has been recorded at other services where you also receive care? Answering yes will mean that Abbey Field Medical Centre will be able to view information recorded on you by other NHS services.

(Please circle) **YES / NO**

You can change your sharing preferences at any time – just speak to a member of staff.

Signed.....**Date**.....

Print Name**Date Of Birth**.....