

## PRACTICE AGREEMENT

- 1) It is agreed and understood that patients who **do not** live in the RM3 area, will be registered as an 'out of area' patient
- 2) It is agreed and understood that should a patient move out of the RM3 area, they will be de-registered and re-registered as an 'out of area' patient
- 3) It is agreed and understood that patients will not be entitled to home visits if they are registered as 'out of area' patients
- 4) It is agreed and understood that repeat medication will not be given until the nurse has provided a new patient medical health check
- 5) It is agreed and understood that any patient under the age of 5 **must** be seen by the nurse within 8 weeks for a new patient medical health check
- 6) I agree to my Summary Care Records (SCR) which provides information such as medicines which are being taken; allergies; medications which give bad reactions; illness & health problems and operations and vaccinations previously given etc. being shared with other health care professionals who may not know my medical history in order to provide me with the best possible care

**Please tick to confirm your agreement**

- 7) I agree to being contacted from time to time via email and/or SMS text message with appointment reminders and/or advice about my health

*Note: Your personal contact information **will not** be passed to any third party for marketing purposes.*

**Please tick to confirm your agreement**

- 8) I agree to being contacted from time to time via email and/or SMS text message with news about the practice

*Note: Your personal contact information **will not** be passed to any third party for marketing purposes.*

**Please tick to confirm your agreement**

Name: ..... Signature: ..... Date: .....