**THE AVENUE SURGERY**

102 The Avenue, Ealing, London W13 8LA

**Please sign our patient practice contract below:**

**Our promise to our patient is to:**

* Treat you with respect and courtesy at all times
* Provide you with advice and treatment in a timely manner
* Help you make decisions about your health.
* Treat you as an equal and with dignity at all times
* Discuss your treatment with experts and refer you when necessary
* Guide you through the health and social services
* Ensure we maintain confidentiality with what we discuss and keeping your records secure and safe.
* Keep up to date with development in health care by continuing to learn and ensure our staff are trained to optimum levels to provide you with high levels of care and support
* Treat you with compassion and to enhance your care while you are with us

**In return we ask you the patient to:**

* Keep your appointments and let us know if you cannot attend an appointment
* Use the out of hour’s service only for an urgent medical condition which cannot wait until the next working day
* Be courteous and respectful to our staff who do the best they can for you.
* We operate a zero tolerance policy in the NHS and if breached, you may be issued with a warning or removal from the practice list.
* Talk to us about complaints, suggestions, compliments to ensure we can develop as a surgery
* Register online for access to your clinical notes so you can print and download your results
* Remember to complete the Friends and Family feedback card available at the reception desk

**I acknowledge the above with regard to my role as the patient of this surgery**

**NAME OF PATIENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**