Calderlea Surgery

Alison Lea Medical Centre

Calderwood, East Kilbride, G74 3BE

 **ACCEPTABLE BEHAVIOUR CONTRACT**

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. An acceptable behaviour contract is an individual written agreement between a patient and their GP Practice.

The contract is between (Patients name).......................................and The Calderlea Surgery and is valid from the date of application to register.

**The Conditions:**

(Patients name).............................................. agrees to the following:

1. I agree to cancel any appointments I am unable to attend with as much notice as possible.

2. I agree to The Calderlea Surgery DNA (did not attend) policy - if after I have missed 2 appointments without notifying the surgery I will be removed from the Practice list and will have to register with a different practice.

3. I agree to adhere to The Calderlea Surgery repeat prescription policy and agree to allow 2 working days before collecting my repeat prescription.

4. I agree to refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect; in person, on the phone, in writing or on social media.

**Breach of this Contract:**

If (Patients name) ............................ fails to adhere to the above conditions, they will be removed from the practice list. This contract serves as an initial warning in the event of breaches occurring.

When removal results from no. 4 above, any patients for whom this person is responsible ie. child or cared for individual and who live at the same address, will also be removed to avoid any risk of further abuse to clinicians undertaking home visits for said child or cared-for individual.

 The Calderlea Surgery will ensure you are dealt with quickly, fairly and in a courteous and helpful manner.

 The Calderlea Surgery will ensure that staff take responsibility for resolving or dealing with your query or that they refer it to an appropriate colleague

**Declaration:**

I confirm that I understand the meaning of this contract and that the consequences of breaking the conditions of the contract.

Signed by....................................................................................... (the patient)

Name:............................................................................................. Date .......... / .......... / ..........