



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Patient's Name	
NHS Number	
Practice	Meddygfa Waunfawr

Responsibilities and Rights – Patient Undertaking

<p>Your Rights</p> <p>The Practice and its employees owe to me as a patient a duty of care and will aim at all times to provide services to meet my needs for primary healthcare and treatment.</p> <p>The Practice and its employees aim to provide health services that are sympathetic and responsive to my individual needs within the resources that are available.</p> <p>The Practice and its employees want to deliver appropriate and effective health care and treatment to me.</p> <p>The Practice expects all its employees to treat me with courtesy and respect.</p> <p>The practice will only restrict or withdraw my rights to care in exceptional circumstances when I have failed to comply with any of my responsibilities in a manner, which is deemed unacceptable.</p> <p>Please note that patients are seen by appointment only; further information is contained in the practice leaflet.</p>	<p>Your Responsibilities</p> <p>I will not behave in any way which may be considered to be violent, threatening or abusive.</p> <p>(A violent incident is any act of violence against any member of the practice or attached staff or other patients by abuse, threats, violence or assault which causes them to fear for their safety).</p> <p>I will treat NHS staff, fellow patients, carers and visitors politely and with respect at all times.</p> <p>I will not consume alcohol, smoke or take any form of non-prescribed medication or drugs whilst on the surgery premises.</p> <p>I accept and understand that the practice is obliged to provide a safe and secure environment for its staff and to care for their health and safety.</p> <p>I understand that if I display any aggressive, threatening or violent behaviour towards any member of staff employed at this surgery or put any of the staff or members of public in fear of their own safety, I will be removed from the practice list with the matter referred to the police.</p> <p>I understand that I need to engage with services I am referred to by the Practice and, if I am unable to engage, I will contact the Practice in advance to let them know.</p>
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G P Signature	Patient's Signature
Print Name:	Print Name:
Date:	Date :