

PPG JOINING FORM

I would like to join Swiss Cottage Surgery Patient Participation Group (PPG).

Name _____

Address _____

Post code _____

Phone number _____

Email address _____

Date _____

Signature _____

Swiss Cottage Surgery Patient Participation Group (PPG) Code of Conduct

This code of conduct is for Swiss Cottage Surgery practice staff and patients who are the Practice PPG members.

As a Swiss Cottage PPG member, I understand and agree to the following:

1. That this is not a forum for seeking or for offering medical advice;
2. To support the aims and objectives of Swiss Cottage Surgery;
3. To demonstrate a commitment to deliver positive change for wider practice patients, wherever possible;
4. To respect other people's opinions and points of view;
5. To respect the rights of everyone to be treated as individuals;
6. To be polite when I disagree with something;
7. To engage where possible with your peer group and community to communicate messages agreed by the group;
8. That I will disclose any personal medical information;
9. That I will not engage in behaviour that constitutes any form of abuse whether it is emotional, verbal, written, physical, sexual or bullying;
10. That I will refrain from making a personal complaint;
11. That I will refrain from promoting or advertising yourself, other organisations or products;
12. That I will not blame anyone whether it be GP practice staff or group members.

Name: _____

Signed: _____

Date: _____

[Swiss Cottage Surgery Patient Participation Group \(PPG\) Confidentiality Agreement](#)

Patient Participation Group Member Agreement:

"I confirm that in the event of becoming a member of the Swiss Cottage Surgery Patient Participation Group, I shall not disclose any **specific patient information** received from or discussed within the Group without the prior specific consent of the patient in question, a GP Partner, the Practice Manager or Patient Participation Group as a whole".

I _____ also fully understand that anything observed during my visit to the surgery in relation to the Patient Participation Group is strictly private and confidential unless agreed by all to be made public.

Name: _____

Signed: _____

Date: _____