

Purpose

To provide Practitioner Services with an annual agreement and declaration for the practice's electronic transfer of patient data.

Practice Details

NHS Board Area: _____

Practice Name: _____

Practice Ref Number: _____

Practice Manager: _____

Practice e-Mail: _____

Annual Agreement & Declaration

We confirm that patient information will continue to be transmitted electronically, without the back up of a paper registration form being sent to Practitioner Services.

It is understood that new patient details must be added to the practice system in order for data to transfer electronically to Practitioner Services. These details will then be added to the Community Health Index (CHI).

Even though these forms will no longer be sent to Practitioner Services, the practice confirms that the paper copy will still be completed and retained at the practice. It is understood that the forms are to be signed in accordance with the National Health Service (General Medical Services Contracts) (Scotland) Regulations.

The practice is aware that any registration information submitted electronically must be input only by authorised and properly trained personnel. If these claims cannot be validated it is understood that they may be treated as fraudulent and disciplinary action may be taken.

GP Practice Authorised Signatory

Date

Please scan and return the form to Practitioner Services

e-Mail Address: nss.psdenueries-general@nhs.scot