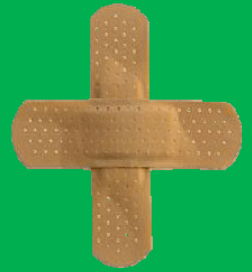


G P P G

Greasby Patient Participation Group



Dear Patient(s)

We are the Greasby Patient Participation Group and are affiliated to The National Association of Patient Partners. Our aim is to try to improve communication between Greasby Group Practice and its patients *from the point of view of patients*. Whilst we do not deal with medical matters, we wish to discover if there are any other ways in which we can help patients registered with this practice. This Group meets once a month to discuss a variety of matters.

Because of Patient Confidentiality we are unable to access patients' personal details (i.e. name, address etc).

If you feel that you would like more information about the activities of our Patient Group, become an associate of our Group and receive regular newsletters or there is anything you believe we could assist you with, could you please complete the form below and either leave it at reception on your next visit or post it to the surgery.

Please be assured that any matter raised this way, or by direct contact with any member of our Group, will be treated in the strictest confidence and, unless we have your express permission, your name and details will not be divulged to others.

Yours sincerely
Patient Participation Group
Greasby Group Practice

Patient Name:

Age (*Optional):

Title: Mr/Mrs/Ms

Address:

Post Code:

Telephone Number:

Email Address (if applicable):

By filling in this form you give us permission to hold your personal information for the purpose of communication and patient improvement. We will not give your name and address to any third party. If you wish to be removed from our contact list please write to us at the Surgery.