Service agreement for	or the provision of after-hours		Practice name
General practice details and contact information			
Name of practice Practice address			
ramo or practice	Traditio ad		
Usual hours of practice	Practice telephone	Practice email	
After-hours service details and contact information			
Name of service Service address (if applicable)			
Usual hours of practice	Service telephone	Service email	
Agreement terms	Practice name	Af	ter-hours service
This agreement confirms as its provider of after-hours	s medical services.	appointment of	
For the purposes of this agreement, the after-hours period is defined as Monday to Friday from 6.00 pm to 8.00 am, Saturdays from midday, all day Sunday and all day on gazetted public holidays.			
	After-hours service		
Under this agreement,		will:	
1. Provide	Practice name with	a point of contact within	fter-hours service
2. Remind all patients that the services are supplementary and that it is important that the patient has their own, regular GP for ongoing and comprehensive care			
<ol> <li>Provide care to the patie</li> </ol>	Practice name	Spo between	ecify hours
Practice name 4. Ensure that only appropriately trained and experienced doctors and support personnel attend to the patients of			
5. Send a summary detailing the clinical management of the patient to the patient's regular GP by the next day (with the patient's consent and via secure communications)			
	Practice name		
6. Communicate with after-hours doctor in rela	ation to the care of its patients	directly whenever deemed necessary or appropriate by the attending	
Pra	actice name		
7. Provide	with informa	ion about the after-hours service to display in the practice	
Meet periodically with	Practice name	in order to review and update key contact or patient information	
Practice name will:			
After-	hours service		
1. Provide	with an up-to-	date list of contact details for emergency or exceptional circumstances	
2. Meet periodically with	After-hours service	in order to review and update key conta	act or patient information
This service agreement will remain in force unless terminated by one of the parties by providing  Notice period  Notice period  notice in			
Notice format			
	Practice name	After	-hours service

Signed on behalf of

Date Date

Signed on behalf of