

Applying for Online Access

Information for Patients

Patient Access is a website that enables you to view the information that the practice holds about you easily and quickly using your personal computer or mobile device. This information is encrypted and sent securely from the practice clinical system to your web browser. This means it is very difficult for anyone else to intercept or read the information. The medical information which is shown is only held permanently on the computer at the practice and not on any other computer. When you log off or if there is any problem with your computer (for example, power failure) all your confidential information is safe. No one else will be able to view that information.

What you are able to do with online access

- Update your contact details
- Book appointments
- Order repeat prescriptions
- Access parts of your medical records

Our responsibility

- We will ensure that your Patient Access application is secure
- We will monitor use of the online system and, if you are found to be misusing it, your online access will be cancelled

Your Responsibility

- You must keep your personal log in details secure. Do not share your log in details with anyone as this will give them access to your medical record.
- If you find any errors in your medical record or feel that something is missing, contact us to discuss your concerns.
- If you spot something in your record that is about someone else you must log out of the system immediately and inform the practice as soon as possible
- If you wish to switch off certain areas of your online access or terminate your online access completely you must inform the practice in writing
- The practice does not manage the Patient Access website and will not be able to help with technical issues. Help pages are provided by the website.

Before applying for online access to your record you should consider

- *Bad news, forgotten history, abnormal results* – While looking at your record you may see something that you may find upsetting or do not understand. It is possible that this may occur when the surgery is closed and you do not have the chance to speak to your GP.
- *Misunderstood information* – your medical record is designed to be used by clinical professionals. Some of the information in your medical record may be highly technical and difficult to understand. If you require clarification please contact us.
- *Coercion* – if you think that you may be pressured into revealing details from your record against your will it is best that you do not register for online access. This will not affect your access to any other services.

What to do next: If you would like to register for patient access please complete the attached Application form and return it to the practice with 2 forms of official ID which confirm your name and address. Please also sign and return the Terms and Conditions attached.

Online Access Application Form

Please allow a minimum of five working days for us to complete your registration and then return to the surgery to collect your letter containing your sign in details. You will need to show ID again to collect your own documents.

Patient to Complete:

Name: _____ Date of Birth: _____

Online Access will enable you to order repeat medication, book and manage appointments and update your contact details. In addition you can register to use Patient Access Medical Record Viewer. This allows you to view certain sections of your medical records including; medications, allergies and adverse reactions. Please indicate the areas you wish to access:

- I would like to order my repeat medication
- I would like to book and manage my appointments
- I would like to update my contact details

If you wish to use Patient Access you must make the request in person and provide two forms of ID which confirm your name and address. You must also read and sign the attached terms and conditions.

- *I have read and signed the Terms and Conditions for Online Access and wish to sign up for Patient Access.*
- *I understand that I can cancel my Patient Access account at any time by submitting a written request to the practice.*

Signed: _____ Date: _____

Print Name: _____

For Practice Staff to complete:

All requests for patient access must be made in person and the patient must provide sufficient ID.

| ID Seen | Tick (and add comments as appropriate) | Seen by: | Date: |
|--------------------|--|----------|-------|
| Passport | <input type="checkbox"/> | | |
| Driving Licence | <input type="checkbox"/> | | |
| Utility Bill (one) | <input type="checkbox"/> | | |
| Utility Bill (two) | <input type="checkbox"/> | | |
| Other (specify) | <input type="checkbox"/> | | |

Administration:

| | Date: | Signed |
|---------------------------------------|-------|--------|
| Online Access Activated | | |
| Paperwork left for patient to collect | | |

Collection of Documents

| | | | |
|--------------------|--|-------|--|
| Patient Signature: | | Date: | |
| Staff Signature: | | Date: | |

Completed Forms should be scanned into the patient record as soon as documents have been collected.

Patient Online Access

Terms and Conditions of Use

1. Registration forms will be given to patients on an individual basis. You may request forms on behalf of family members but the individual will be expected to complete their own application form and complete the registration process by attending the surgery in person and presenting appropriate photo ID or relevant documentation.
2. Registration and identity verification must be authorised and completed by an appropriate member of Practice Staff.
3. Patients will be required to provide two forms of identification to confirm their identity. Any two of the following items are acceptable; passport, driving license, utility bill, bank statement. At least one should contain a photo of the individual.
4. Patients choose their own password and it is their responsibility to keep this secure. If the password is disclosed to another party to allow them to book appointments on the patient's behalf this remains the responsibility of the named patient.
5. As the patient I understand that if I share my access details with anyone else I am at risk of sharing personal confidential information with them.
6. If the patient thinks they are at risk of being pressured into revealing details from their medical record to someone else against their will it is best not to register for online access at this time.
7. Patients are asked to use the online booking system sensibly and with consideration for others who may also need appointments. A maximum of two appointments can be booked at one time.
8. Please remember to cancel appointments with reasonable notice so that we can offer the appointment to someone else who may need it. Patients who repeatedly cancel their appointments, without reasonable notice and without good reason, will have their access stopped.
9. Patients wanting access to their medical record and test results should be aware that there is the possibility that they may find something upsetting. This may occur when the surgery is closed and before they have spoken to the doctor.
10. Patients are asked that, if they notice an error in their medical record or any information which is not about them, they log out of the system immediately and inform the practice at the first opportunity.
11. The practice will monitor usage of the system. If a patient is found to be abusing this system their registration will be cancelled and the patient will be informed of the reason why.
12. The practice does not have control of the Emis Access website/patient.co.uk website and will not accept responsibility for any operational problems with that site.
13. In the event of operational problems with the Emis Access website please contact us by telephone or in person to book an appointment. If you require a prescription you will to submit a written request at our reception desk.
14. Patients will be expected to give a minimum of 2 working days' notice to allow us to process any repeat prescription requests.
15. You may cancel your account with Emis Access at any time.

I agree to the above terms and Conditions

Print Name: _____

Sign: _____ Date: _____