# Patient Access to Online

# Appointments, Prescriptions and Summary Care Record

# Terms and Conditions

# INTRODUCTION

The following Terms and Conditions are for patients to sign before being allowed access to the Practice clinical system direct online facilities, such as prescription ordering, appointment booking and summary care record.

You are required to provide documentation to confirm your identity and verify your address:

**Photo Identification:** Passport or Photocard Driving Licence.

**Proof of Address:** Utility Bill, Bank Statement, Council Tax Letter, Insurance Statement (These documents need to be current within the last 3 months)

**TERMS AND CONDITIONS**

* To apply for online access to the Practice’s clinical system, please read the SCRPL1 form, complete the declaration below and return this form to the IT Administrator.
* Applications are “one per patient”. Acceptance of one member of a family does not imply acceptance of other/further family members.
* Applications for online access will not be considered for patients who are under the age of 16.
* Access is granted to the patient and not to a carer or third party. Where a carer or third party requires access to the system to book an appointment or deal with affairs, it is the responsibility of the patient if they wish, to give their password to the third party. The Practice will not provide access detail directly.
* Where access is refused this will be in writing. A reason will only be given at the discretion of the Partners.
* Patients with a history of non-attendance at pre-booked appointments (without cancelling) will not normally be granted access to online appointment booking, however the remainder of the facilities will be considered.
* Online appointments booked are to be cancelled by the patient as soon as it is determined that it is no longer required.
* Repeat prescriptions may only be ordered where these appear on the repeat list, which is provided to the patients on the tear-off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items ordered or requested using this facility will not be actioned, and no contact made with the patient. Prescriptions ordered outside the guideline must be via dispensary staff.
* Summary care record access will allow you to view your allergies, medication and immunisations. The summary care record access will be developed further in the future when additional features will be added as technology advances.
* The Practice will not allow misuse of the online system and will monitor usage by individual patients. Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued. Where the situation does not improve, or recurs, access will be removed permanently and without further notice, at the discretion of the Partners.

# Application for online access to my Summary Care Record

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address      Postcode | |
| Email address | |
| Telephone number | Mobile number |

## I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record | 🞏 |

**I wish to access my medical record online and understand and agree with each statement (tick)**

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet SCRPL1 provided by the practice | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

**I agree to the above Terms and Conditions, and others which may be reasonably imposed from time to time at the discretion of the Partners**

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMIS No: | Identity & Address verified by  (initials) | | | Date |
| Identification  🞏 Vouching  🞏 Passport  Ref:  🞏 Driving Licence  Ref: | | | Proof of Address  🞏 Utility Bill / Bank Statement  Ref:  🞏 Council Tax / Insurance / Mortgage Stat  Ref:  🞏 Other  Ref: | |
| Authorised by  (initials) | | Date account created for access to SCR | | |
| Online Access Details: Handed to Patient / Emailed to Patient / Waiting for Collection | | | | |