

**Patient Access to Online  
Appointments, Prescriptions and Summary Care Record  
Practice Policy, 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. Please keep this policy for your own reference.

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)

A document containing your pin number and log-on details will be provided to you as soon as the practice receives your signed consent form. It is your responsibility to keep this document safe as it contains your personal information.

**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 reception.
- 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.
- Historical access to your medical records is limited to Immunisations, Allergies and Medication. Detailed coded or full medical records, results and documents dated from the 1<sup>st</sup> April 2019 are accessible. Additional historical information must be requested in writing from the Practice Manager and is subject to approval by your GP.

## Application for Online Patient Facing Services

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record – immunisations, allergies, medication	<input type="checkbox"/>
4. Access to coded information, results and documents from 1 <sup>st</sup> April 2019	<input type="checkbox"/>
5. Access to full medical record from 1 <sup>st</sup> April 2019	<input type="checkbox"/>

**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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice immediately	<input type="checkbox"/>
6. If I see information on my record that is an error and does not relate to me, I will notify the Practice immediately and keep any other patient information confidential.	<input type="checkbox"/>
7. I acknowledge that should I have access to personal information that does not relate to my own personal record, that on informing the Practice they will take action immediately and report any such breach with duty of candour and inform all regulatory bodies as required.	<input type="checkbox"/>
8. I have read and understood the online document “bcs The Chartered Institute for IT: Keeping your online health and social care records safe and secure”	<input type="checkbox"/>

**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
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**For practice use only**

Identity verified by (initials)	Method used:      Personal Vouching <input type="checkbox"/> Photo ID and proof of address <input type="checkbox"/>
ID & Proof of Address used:	
Date account created: Login Details:      Handed to patient / Emailed to patient / Awaiting collection	Initials

Record Screened by:		Date:	
<b>Level of record access enabled</b>			
Coded record from:	date of registration <input type="checkbox"/>	Full Record from:	date of registration <input type="checkbox"/>
	1 <sup>st</sup> April 2019 <input type="checkbox"/>		1 <sup>st</sup> April 2019 <input type="checkbox"/>
Enabled by (Initials):			
Date:			
Reason for refusal:			
Warning added: <i>Care! Patient has access to view records online.</i> <input type="checkbox"/>			
SNOMED code added: <i>Registered for access to Patient Facing Services</i> <input type="checkbox"/>			