

## Patient on line access information for Patients



### [EMIS Patient Access](#)

Westbury Primary Care Centre now offers our patients the use of a secure website on the Internet to:

- View and request repeat medication
- View, book, and cancel appointments
- View information from your care record

[Click here for more information and help with EMIS Patient access](#)

Users must abide by our Terms and Conditions for online access

#### To register for EMIS Patient Access:

- Please attend the surgery in person and ask at Reception
- Once we have verified your identity a document will be printed with your log-on details and instructions for you to complete your registration yourself online at home
- If you have problems completing the online registration process successfully, contact the surgery and ask for your Patient Access to be re-set and another registration letter printed so you can try again. If you cannot come to the surgery you can phone us with this request and we will give you your new Access ID over the phone - use this together with the 3 other numbers from your original registration letter (which do not change) to try registering again.

#### Applying for Online Access on behalf of another registered patient:

- You can request online access for appointments and repeat prescriptions if you are a parent/carer of other patients registered here - you will need to complete an additional form which must be returned before a sign-up letter can be printed. This requires signed consent from any patient aged 12 or over. Please ask at Reception for this form.

#### TERMS AND CONDITIONS OF USE

- It is your responsibility to ensure that your EMIS Access details are not used by anyone else. If you lose your log-in details you can request a user ID reminder and/or password reset from the Patient Access website if you provided an email address and mobile phone number when registering. The practice does not have access to your password. If you have forgotten your password, we cannot reset it for you, we can only cancel your registration and issue a new sign-up document so that you can re-register.
- We will be monitoring the use of this service. If we find that a user is abusing the service, we will issue a warning letter. Where the situation does not improve, or recurs, access will be removed. Examples of inappropriate use are:
  - booking appointments and not turning up for them
  - booking appointments for other family members using your name
  - consistently booking inappropriate appointments with the doctor

#### Online Appointments

- Only routine GP & certain clinic appointments can be booked online however all your upcoming appointments will be listed, whether booked online or not. This may include telephone appointments made by the practice to contact you - please only cancel appointments that you have made and you are sure you do not require.

# **PATIENT ONLINE ACCESS REGISTRATION FORM**

*(To be scanned to medical record)*

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

## **Access to GP online services**

### **Application for online access to my medical record**

Please carefully read the following statements below and sign and date if you agree.

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

I wish to access my medical record online subject to approval by my GP and understand and agree with each statement above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Limited initial access which will expand in the future

### **FOR PRACTICE USE ONLY**

#### **Identity verified through:**

**Vouching**

**Vouching with information in record**

**Photo ID**

**Proof of residence**

**Name of Verifier:** .....

**Received by:** .....

# **PATIENTS UNDER THE AGE OF 16 REGISTRATION PROCESS AND CONSENT FORM**

*(To be scanned to notes)*

## **ONLINE ACCESS REQUEST FOR CHILDREN UNDER 16 YEARS OLD**

### **Child's Details:**

Full Name:	
Date of Birth:	Age:
Address:	
<b>Contact details held for child:</b> <i>Please correct as necessary. We will assume permission to contact your child / you about your child in these ways (including by SMS text message &amp; email if applicable) unless you indicate otherwise.</i>	
Home telephone:	
Mobile telephone:	
Email:	

### **Child currently aged 12 - 15 years old**

Online access for managing repeat prescriptions and appointments can be requested by the parent/ carer with the child's consent or by the child with parental consent. Access can be given to the child without parental consent at the discretion of his/her GP - please note this GP has to be familiar with the child in order to grant this request.

### **Child currently under the age of 12 years old**

Online access for managing repeat prescriptions and appointments will be given to a parent/carer signing below.

### **Signed agreements**

Signing below indicates agreement to abide by the Terms and Conditions for online access as kept on <https://patient.emisaccess.co.uk> The Practice will monitor usage of online access and where it is considered that a patient is misusing the system, access will be removed by the Practice.

### **Parent / Carer**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child named above: \_\_\_\_\_

**Child aged 12 to 15 years**

I give consent for the person named above to use online access to request my repeat medication and to book/cancel appointments

**OR**

I wish to apply to manage my own online access. I understand that if I do not have parental consent this requires the agreement of my GP

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PRACTICE USE ONLY**

**Usual GP agreement given for online access to 12-15 year old  (in absence of parental consent)**

**GP Name: ..... GP Signature: .....**

**Code EMISNQPA40 added with 3<sup>rd</sup> party details (name and relationship)  (unless 12-15 year old with own online access)**