**REGISTRATION FOR EMIS ONLINE SERVICES**

For patients of Lowfield Medical Centre

**By signing up for EMIS Online Services you are agreeing to create an account with www.patient-services.co.uk which is the provider for the service. Features of the service include booking appointments (available from 08.30 to 22.30 daily), repeat prescription request service** **and online access to summary information within your records.**

**PLEASE NOTE: IF YOU FAIL TO ATTEND THREE CONSECUTIVE APPOINTMENTS YOU WILL NO LONGER BE ABLE TO BOOK APPOINTMENTS ONLINE. PLEASE CANCEL APPOINMENTS IF YOU CANNOT ATTEND.**

*You will be sent an email with details of the EMIS Online Services Registration Details. This will include the website address, Practice ID, Patient ID and Registration token.*

**(Please PRINT clearly)**

Title: [Delete as appropriate] MR / MRS / Miss / MS / Other: …………………….

Full Name: …………………………………………………………………………………………………………………………………………………………………….

Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ House /Flat Number: …………….. Postcode:…………………………………..

Landline number: ………….………………………………………………… Mobile number: ………………………………………………………………….

Email address: ………………………………………………………………………………….…………………………………………………………………………….

**Consent/ Communication preferences: (PLEASE TICK YOUR SELECTION)**

*IF YOU CHANGE YOUR CONTACT DETAILS PLEASE BE SURE TO LET US KNOW.*

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

|  |  |
| --- | --- |
| 1. Booking appointments
 |  |
| 1. Requesting repeat prescriptions
 |  |
| 3. Accessing my medical record (coded information only)  |  |

|  |  |
| --- | --- |
| Before selecting this option please read the information below. The application process may take up to 7 days. |  |
|  |  |

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice and the terms and conditions of use overleaf. |  |
|

|  |
| --- |
| 2. I will be responsible for the security of the information that I see or download.  |

 |  |
| 3. If I choose to share my information with anyone else, this is at my own risk. |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement. |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. |  |

 **For practice use only**

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
|  Patient NHS number  |

 | Practice computer ID number |
| Identity verified by | Date | MethodVouching Vouching with information in record Photo ID and proof of residence  |
| Authorised by | Date: |
| Date account created | Read code added 912P  |
| Notes / explanation |

The facility for patients to view online, export or print detailed coded\* information held in their own records is offered at this practice.

This practice currently offers the facility for patients:

 to book, view, amend, cancel and print appointments online

 to order online, view and print a list of their repeat prescriptions for drugs, medicines or appliances

Please note what information you will have access to and what this means to you.

 no consultation entries will be visible, only information that is coded

 no documents/attachments will be visible \*Coded information Read Codes Read Codes are a coded thesaurus of clinical terms and have been used in the NHS since 1985. They provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems across primary and secondary care e.g. General Practice surgeries and pathology reporting of results. If you would like to apply for access to your GP records please see a member of the reception team to request an application form.

**Emis Access Registration Form**

**Terms and Conditions of Use**

1. Registration forms will only be given to patients on an individual basis. Registration for other family members may be requested.

2. Registration and identity verification must be authorised and carried out by a member of the Practice Staff.

3. Patients must provide two forms of identification to confirm their identity. At least one should contain a photo of the individual. Any two of the following documents are acceptable: passport, driving license, or a bank statement.

4. Patients decide their own password and it is their responsibility to keep this secure. If the password is disclosed to another party 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.

6. If a patient thinks they may be pressured into revealing details from their patient record to someone else against their will, it is best not to register for access at this time.

7. Patients are asked to use the on-line booking system sensibly and with consideration for others needing appointments. Only two appointments may be booked at one time.

8. Please remember to cancel appointments with reasonable notice, so that they can be offered to others. Patients who repeatedly cancel 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 they may see something that they may find upsetting. This may occur before they have spoken to a doctor or while the surgery is closed.

10. Patients are asked if they spot something in their record that is not about them or any other errors; they should log out of the system immediately and contact the practice as soon as possible.

11. The practice will monitor usage of the system. If a patient is found to be abusing this practice policy, registration will be cancelled and the patient informed of the reason why.

12. Lowfield Medical Centre does not have control of the Emis Access site/patient.co.uk website and will not accept responsibility for any operational problems with that site. We are happy to pass on to Emis any problems experienced on the site.

13. In the event of operational problems with the Emis Access site, please contact the Practice by phone or in person.

14. Patients will be expected to give at least 48 working hours notice for the processing of repeat prescriptions.

Please ensure you have read and understood the Terms and Conditions of the EMIS Online Patient Access service before completing the registration form overleaf.

**Privacy Notice:**

Patient Privacy is important to us, and Lowfield Medical Centre would like to communicate with

you in relation to healthcare services offered by the practice, which means that we need your consent.

This may include using emails regarding your health, and the use of text messaging to send patients reminders about the details of their next appointment.

*Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Your contact details will be used solely in relation to healthcare services offered by the practice, and will never be used for marketing purposes. You can choose to opt out of the services at any time by contacting Lowfield Medical Centre’s data protection officer.*

*By signing you are agreeing to keep the surgery up to date with your current contact details please tick here to confirm that you have read and acknowledged this: □*

Signature: ………………………………………………………………………. Date: …………………………………..

*For Patients under the age of 16 Parent / Guardian will need to sign on their behalf.*

PRINT NAME: ………………………………………………………………………..

Relation to patient *(If under 16):* ………………………………………….