

‘PATIENT ON-LINE’ for your CONVENIENCE

FOR

BOOKING APPOINTMENTS

REQUESTING REPEAT MEDICATIONS &

VIEWING YOUR MEDICAL RECORD

Application for on-line access for booking appointments and requesting repeat medication will require you to provide 2 forms of ID - one photographic such as a passport and one of residence for example a utility bill or finance statement. You will not be able to access the full functionality of the system until we have seen proof of identity.

Initial accessibility will only be for booking appointments and requesting repeat medication. If you wish to have access to view your Detailed Medical Record you will have to apply to us separately via the Detailed Online Medical Records Access form. This cannot be granted for 3 months following your Registration with the Practice.

To register for initial on-line access visit <https://patient.emisaccess.co.uk/account/login?ReturnUrl=%2F>

When you register with us and indicate you would like on-line access, we will give you certain details which you will have to enter when prompted to do so. These details comprise your Registration Letter. During the process, you will have to choose a password which is unique to you and create 2 security questions.

Of course, all of the above is still available through the Practice should you not wish to apply.

Children & Young Persons

No parent/guardian or young person under the age of 16yrs will have access to their medical record in accordance with British Medical Association recommendations. Access can be granted to a young person when they reach 16yrs. The young person should then independently complete and sign a consent form if they wish to have online access.

Under 16yrs of age a Parent/Guardian/Young Person will only be allowed access to online appointments and repeat prescriptions.

If access is required to a young person’s medical record by a Parent/Guardian then this would have to be requested/discussed with the GP.

Sometimes, a young person between the ages of 11 and 16 may be competent to make their own decisions. The Practice will take this into consideration using particular criteria if that person requests access not to be given to a Parent/Guardian.

APPLICATION FOR ACCESS TO VIEW YOUR MEDICAL RECORD

Apart from convenience, there are other benefits, for example, to be able to view your medical record on-line means accessibility from anywhere in the world should you need medical treatment.

However, please take into account:

* The Practice may remove on-line access to services if they are not being used responsibly.
* It is your responsibility to keep your log-in details and password secure. If you believe they have been compromised then you should re-set it immediately or contact the Practice.
* If you print any information from your record it is your responsibility to keep it secure however, we do not recommend the making of copies.

Before requesting access to your record you should also consider:

* There may be something in your record that you had forgotten about which may upset you.
* If you think you are being pressured into revealing details against your will then you should not register for access.
* If you have access to test results or letters, you may see something that upsets you and you may see it before your GP has spoken to you or the Practice may be closed at the time and you cannot contact your GP.
* If you choose to share your information with others, that is your prerogative but it is still your responsibility to keep the information secure.
* Your medical record is designed to be used by Clinicians and thus some of the information may be highly technical and not easily understood. We do not advocate the use of the internet in this situation.
* If you see something in your record that is an error or that does not relate to you, please log-out of the system immediately and contact the Practice.

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APPLICATION FOR ON-LINE ACCESS TO MY MEDICAL RECORD

|  |  |
| --- | --- |
| **SURNAME:** | **FIRST NAME:** |
| **DATE OF BIRTH:** |  |
| **ADDRESS:****POST CODE:** |
| **EMAIL ADDRESS:** |
| **TELEPHONE No:** | **MOBILE No:** |

I wish to access my medical record on-line and understand and agree with each statement below (Please tick)

|  |  |
| --- | --- |
| **I have read and understood the information in this leaflet** |  |
| **I will be responsible for the security of the information that I see or download** |  |
| **If I choose to share my information with anyone else it is at my own risk** |  |
| **If I suspect that my account has been compromised I will contact the Practice as soon as possible** |  |
| **If I see information that is not about me or is inaccurate I will contact the Practice as soon as possible** |  |
| **If I think that I may be pressurised to give access to someone else unwillingly I will contact the Practice as soon as possible**  |  |
| **Signature:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| **Patient NHS No:** |  | **EMIS No:** |
| **ID verified by (initials):** | **Date:** | **Method:****Vouching****Vouching with information in the record****Photo ID and proof of residence** |
| **Authorised by:** | **Date:** |
| **Date account created:** |
| **Date passphrase sent** |
| **Basic Level of access enabled:** | **Notes/Explanation:** |

**For Practice Use Only**