

## 23. Patient online access for prescriptions and appointments

**Online Services** are provided through our clinical system provider EMIS Patient Access. Patient Access allows you to access a range of online services, e.g. request **repeat prescriptions** and **book non-urgent appointments**. You then don't need to queue at the practice or wait on the telephone; the online service is also available as an app for your mobile device.

Please complete this form and bring it to SAMC with your ID. We will register you for the patient access service and email you with your username and password.

### Patient Online services

I confirm that by signing below I have read and agree to the terms and conditions for online services.

- I will be responsible for the security of my username and passwords and the information that I see or download
- If I choose to share my information with anyone else this is at my own risk
- I will contact St Andrews Medical Centre 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 St. Andrew's Medical Centre as soon as possible
- I agree to use the system in a responsible manner
- I agree that my details may be used to contact me with information about my online account and the online services I use.
- I agree that I cannot use this service as a means of communication with SAMC for other purposes and will not use it for urgent matters

Surname		First name	
Email address		Date of birth (day/month/year)	

### Data sharing consent choices

We can share your medical information (allergies and medication) with other NHS health professionals (eg NHS 111). We recommend this sharing service as it helps with the continuity of your medical care in an emergency. If you wish to **OPT OUT** of sharing this medical information tick below.

I <b>do not</b> want to share my medical information with NHS healthcare professionals	
--	--

Please confirm that you are happy for St. Andrew's Medical Centre to contact you by the following means:

To send you practice letters and recalls	By email (circle)	Yes	No
To receive our patient newsletters (usually quarterly)	By email (circle)	Yes	No
To leave messages on your home phone (messages do not contain clinical information but ask the patient to call SAMC)	By answerphone (circle)	Yes	No

Signed		Date (day/month/year)	
Is signature of patient?	Yes/No (circle)	Relationship to patient	

SAMC use only	ID verified by		Date	
---------------	----------------	--	------	--