

Application for Third Party Online Access

Patient's Name

Patient's Address

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Patient's Telephone

I would like to appoint the following person to act on my behalf to access the Online Prescription/Appointment system

Name of Representative

To apply for on-line access to the Practice's clinical system, patients and their representatives must complete the declaration below and return this form to the practice

- Applications are "one per patient". Acceptance of one member of a family does not imply acceptance of other / further family members.
- 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 on-line appointment booking, however the remainder of the facilities will be considered.
- Appointments booked online should be cancelled by the patient or their representative as soon as it is determined that it is no longer required.
- The Practice will not allow misuse of the on-line 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.
- Repeat prescriptions may only be ordered where these appear on the repeat list, which is provide to 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 will be made with the patient. Prescriptions ordered outside this guideline must be via reception staff.

- Approved access requests will be notified along with access instructions and a copy of these Terms and Conditions.

Agreement

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.

Signed Patient Signed Patient's representative

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Date Date

Please complete this form and bring both pages to the surgery. The Patient's Representative should bring photo identification for themselves (such as passport, driving licence or buss pass). He/she will then be provided with the user ID and password for the patient.

For Office Use Only

Photo ID type Date Initials