

## EMIS Patient Access Disclaimer/Information

This policy is intended to provide you (the patient) with all the information you need to know EMIS Patient Access. It covers how your information is stored, how it is accessed, and patients confidentiality.

EMIS Patient Access is provided to you by our clinical provider EMIS. This is a free service, funded by the NHS, to give patients online access to booking appointments, prescriptions, and viewing medications, allergies and adverse reactions and immunisations and is accessed via a log in with a Pin number and password and is only viewable by yourself unless you share your login in details with someone else which is not recommended.

To use the system you need a PC with a web browser such as Internet Explorer (version 6 or later) and have a connection to the internet as well as a valid e-mail address. You need to register to use the system with the practice, sign a form confirming that you understand what the system does, what your responsibilities are and how your data is stored which is all in accordance with the Data Protection Act and provide proof of identity.

### Registering to use EMIS Patient Access:-

If you are aged 15 and over, you may register to use EMIS Patient Access. You can register yourself and must show **TWO** proofs of identity, i.e. passport, driver's licence and Bank Statement, Council Tax bill or utility bill – **NOT** Mobile Phone bill (if you are aged 15 to 18, we will also accept a young person's bus pass or library card). You must have an email address to register for Patient Access otherwise you can NOT use this service.

### Registering someone else 15 and above:-

Unfortunately, you can NOT register another person who is aged 15 and above to use Patient Access. Each patient wishing to register will need to show their own ID and supply their own e-mail address. Exceptions are given where a patient is housebound and unable to visit the practice.

### Registering Children aged 14 and below:-

Parents and guardians may register children aged 14 and below. Again, you will have to show proof of identity - YOUR OWN not your child's.

### Access to Children's/Young Adults Account(s) when they turn 15 and above:-

Once a child, whose account you have previously had access to, turns 15, access to their account by you or anyone else is prohibited. Please ask the child/your adult to visit the practice and register for their own account for Patient Access. Please note that they will need to bring proof of ID, as specified above, and supply their own e-mail address.

### Usage of the system:-

Under certain circumstances, access may be refused and, even though every family member may have been granted access it does not mean that it will automatically be granted to everyone. If, for any reason, access is refused, this will be explained in writing but this is only in exceptional circumstances.

**Patients with a history of non-attendance** at pre-booked appointments (without cancelling) will not normally be granted access to on-line appointment booking, and, once access has been approved, if appointments are repeatedly missed without cancelling access to the system will be disabled for 6 months pending review. On-line appointments booked are to be cancelled by the patient 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 that is 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.

Print Name .....

Signed.....

Date .....

**BRIXTON HILL GROUP PRACTICE**  
**REGISTRATION FORM FOR ONLINE (PATIENT ACCESS) SERVICES**

**PLEASE READ AND COMPLETE BOTH SIDES OF THIS FORM**

I would like to register to have online access to my medical record through Brixton Hill Group Practice's EMIS Web medical system and I understand that it is my responsibility to keep my logon details secure. If my logon details are lost or stolen, I will notify the practice as soon as possible so that they may de-activate the access. I also understand that access is not automatic upon application and access is subject to satisfactory proof of identification.

I hereby agree to and understand the above information and consent to registering myself and/or my child aged 14 and below to use the EMIS Patient Access service. I understand that if I have registered a child aged 14 and below that, when they turn 15, myself and anyone else, is prohibited to use their account and I must inform the child, if they wish to use this service, that they must visit the practice and register for their own account as stated above. I also understand that access may not be granted and that if I repeatedly miss appointments without cancelling access will be removed and will be disabled for 6-months pending review.

Full Name: .....(please print)    Date of Birth: .....

Address:  
.....  
.....

Contact Tel No: .....

e-mail address .....  
.....

Signature: .....    Date: .....

**PLEASE GIVE BOTH COMPLETED SIDES OF THIS FORM TO RECEPTION**