**PRACTICE POLICY FOR
ONLINE APPOINTMENT BOOKING**

Before you begin to use the online booking service, please read the following policy and attached agreement regarding the booking of appointments over the internet. Please keep this policy for your own reference.

A document containing your Linkage Key, ODS code and Account ID will be provided to you as soon as the practice receives your signed consent/application form. Please keep this document safe as it contains your personal information.

When registered you will be able to:

* Find available doctor appointment slots
* Book new appointments. Appointments may be booked up to a maximum of 4 weeks ahead
* View appointments you have already booked
* Cancel appointments
* Order repeat prescriptions

**Doctors Appointments**

Please ensure that you book your appointments appropriately. If you are unsure as to whether it is appropriate for you to see a doctor, contact us by telephone. Whilst we will do what we can for you to see the doctor of your choice this may not always be possible due to unforeseen circumstances, for instance if the doctor is on sick leave or annual leave.

**Missed Appointments**

If you are unable to attend your appointment please let us know as early as possible. You may cancel it online or telephone us. This will allow us to offer the appointment to another patient.

We will be monitoring missed appointments on a regular basis. If you miss an appointment more than 4 times in one year we will remove the facility for you to use online booking, but you will still be able to book appointments with our receptionists.

**Inappropriate use**

We are sure you will find this service useful. However, we will revoke your access to it if you abuse the service. For your access to be reinstated you must liaise with our reception team.

Examples of what we would consider inappropriate use are:

* Booking appointments and not using them more than 4 times a year
* Booking appointments for other family members using your name.
* Consistently booking inappropriate appointments with the doctor
* Booking

**Appointments for Family Members:**

Unfortunately the system is not flexible enough to allow you to book appointments for family members.

**Under 16s:** Online booking is only available to patients aged 16 and over.

I have understood and will adhere to the practice policy for the use of online booking. I understand that failure on my part to adhere to the policy may result in my online booking registration being terminated. I understand that this will in no way affect my registration with the practice.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application for online access to my medical record

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address   Postcode  |
| Email address |
| Telephone number | Mobile numberI give consent to SMS [ ] I DO NOT give consent to SMS [ ]  |
| I wish to have access to the following online services (please tick all that apply): |

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions
 | 🞏 |
| 1. Accessing my medical record \*
 | 🞏 |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood online access policy (see reverse)
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |
| --- | --- |
| Patient NHS number | Practice computer ID number |
| Identity verified by(initials) | Date | MethodVouching 🞏Vouching with information in record 🞏 Photo ID and proof of residence 🞏 |
| Authorised by  | Date |
| Date account created  |
| Date passphrase sent  |
| Level of record access enabledProspective 🞏Retrospective 🞏 All 🞏Limited parts 🞏Contractual minimum 🞏 | Notes / explanation |

\*Currently you are allowed to view Immunisations, Allergies and Medication