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Billesdon Surgery

Online Patient Access Application Form

Please read carefully –

- You will need to show 2 forms of ID with this completed application form.
- An email address is required in order to create your account.
- Applications are approved within 7 working days upon receipt and verification of your identity. You will then receive your PIN letter by email. Follow the instructions on the PIN letter to create your account.

Surname:	Date of Birth:
First name(s):	
Address:	
Postcode:	
Email address (required):	
Telephone number:	Mobile number:

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my Summary Care Record (SCR)	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement:
(you must agree to the following statements, tick this box and sign and date below)

- 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, this is at my own risk.
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my permission.
- If I see information in my record that is not about me, or is inaccurate I will contact the practice as soon as possible.
- I consent to receiving email messages from Billesdon Surgery.

Signature	Date
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For practice use only

Identity verified through (tick all that apply)	Personal vouching.....	<input type="checkbox"/>	Initial of verifier	Date
	Document.....	<input type="checkbox"/>		
	Photo ID.....	<input type="checkbox"/>		
	Vouching with information in record	<input type="checkbox"/>		
EMIS No.				
Name of person who authorised (if applicable)		Proxy?	<input type="checkbox"/>	
Date account created		Date PIN document emailed to patient		

ONLINE ACCESS TERMS AND CONDITIONS

Conditions of Use

1. The service is provided solely for the use of the registered patient i.e. the patient or their parent/guardian, carer or power of attorney named on the application form.
2. Appointments booked using this service must only be booked for the registered patient. Appointments for relatives/friends must be booked using their own credentials.
3. This service can be used to book single appointments with the GPs. If you are unsure as to whether it is appropriate to see a doctor, or if a longer appointment is required please contact us by telephone during normal surgery hours.
4. If you need an appointment with a Practice Nurse, Health Care Assistant or Phlebotomist please contact us by telephone during normal surgery hours.
5. Access to the service is provided on the condition that appointments are kept and that the service is not abused in anyway. Repeated failure to attend or cancel your appointment at short notice will result in withdrawal of the service.
6. Prescriptions that are requested must be collected within 4 weeks. Prescriptions that are not collected within this time scale will be destroyed or returned to stock.
7. Only request prescription items that are required.
8. Passwords/logon credentials should be kept secret. Do not pass on the details of passwords to anyone else.
9. If you think anyone knows your password, you must contact the surgery at the first opportunity so that we can suspend access to the system and provide you with new user credentials.
10. The practice cannot guarantee that the Patient Access service will be continuously available.
11. We need your consent to send you email messages in order for us to send you your PIN letter. Billesdon Surgery will never pass your email address onto third parties. We may use your email address to send you invitation letters such as Seasonal Vaccinations and health check-ups.
12. You must supply an email address on the form that is unique to you and not shared by others, who may or may not have a Patient Access account. You will soon be required to use your email address to sign-in to your account rather than a user ID number. When this change to the Patient Access service occurs you will be prompted to enter an email address after entering your user ID number (if you have one). From then on you will use that email address to sign-in.
13. We will endeavour to process your application as soon as possible, usually within a day or two but please allow up to one week to receive your PIN letter.
14. Failure to comply with any of the above conditions will result in revocation of access to the service.