**SHERWOOD HOUSE MEDICAL PRACTICE**

**PATIENT ACCESS TO ONLINE SERVICES**

**FOR REPEAT PRESCRIPTION REQUESTS, APPOINTMENT BOOKING, OWN RECORDS**

***This facility is available to all patients (Parents/Carers can request the service for their children aged under 16). To register you will need to bring the completed form together with photo ID (i.e. driving licence or passport).***

**APPOINTMENTS ONLINE**

You can now book and view appointments that are available at the practice online any time of day or night

The advantages of using this service are:

* The system is quick and easy to use and enables you to book an appointment if the practice phone lines are busy or closed
* The screens and prompts are easy to follow and ensure it’s simple for you to view, book or cancel an appointment at any time
* You will receive confirmation of your booking immediately once you have booked your appointment
* There is no need to re-confirm by email or phone, just arrive promptly on the day
* You have electronic management of your appointment

**To register to use this service, you will need to fill in a consent form (attached).**

Once you have given your consent and provided the appropriate photo i.d, the practice can then activate your registration to enable you to use the facilities. This will then generate a registration form detailing the information that you will need to be able to create your account. Please look after this form carefully until you have created your account, and then destroy it.

**SECURITY WHEN CREATING YOUR ACCOUNT ONLINE**

Choose a password carefully and ensure that no-one else has access to it. It is your responsibility not to share your password and login details with anyone.

***N: B All appointments are audited by the practice and failure to attend your appointment or to notify the practice in advance may result in your access being revoked.***

***N: B The use of this service is your choice. If you do not wish to use the service, then you can still book your appointments in the normal way by contacting the surgery by telephone.***

***All data contained within our system is protected using the highest standard internet security so you can be sure all your personal information is safe and secure.***

Should you have any queries or concerns, please do not hesitate to contact us.

**PATIENT ACCESS - CONSENT FORM**

Please fill in the consent form and return it to Reception if you wish to have online access.

***Please tick the following appropriate box:***

\*I wish to have access to book/cancel an appointment

\*I wish to order repeat prescriptions.

\*I wish to view my medical record

I have read and understood the information about having access to book an appointment online, order repeat prescriptions and viewing my medical record. I consent to my GP Practice enabling me access to the facilities outlined above.

I further agree to use the system in a responsible manner in accordance with all instructions given to me by the GP Practice and understand that the facilities can be withdrawn at any time if these are not adhered to.

**Registration detail – please choose your collection method:**

 ***At the practice by email***

 *(Bring the number given at reception)*

**Signed …………………………………………. ………………….Date ………………………..**

*(Under 12 - Parents/carers signature Mum Dad Carer )*

**Print Name ……………………………………. Date of Birth ………………………………….**

**Tel No ………………………………………….. Mobile No …………………………………….**

**Email: (BLOCK CAPITAL -** It will help **facilitate** the reading of information**)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**e.g.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S** | **H** | **E** | **R** | **W** | **O** | **O** | **D** | **.** | **P** | **P** | **G** | **@** | **N** | **H** | **S** | **.** | **N** | **E** | **T** |

**Should you decide that you no longer wish to use any of the facilities, please contact the surgery as soon as possible in order that your details can be updated.**