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**How does Patient Access work?**

Patient Access is a website that displays information from the practice's system and allows you to:

1. View and book available appointments.
2. View your medication and request further prescriptions.
3. View your medical record.

Each practice decides how much information is allowed to be seen through Patient Access and how many appointments can be booked online, rather than over the telephone. The practice are also responsible for allowing you access to Patient Access and only they can create and reset accounts if you're struggling to sign in.

Patient Access is maintained by [EMIS Health](http://www.emishealth.com/). They provide clinical information systems to practices, hospitals and pharmacies in England, Scotland, Wales and Northern Ireland. On their website you'll be able to get in touch with them if you're having problems with using Patient Access. They’ll certainly help you where they can, though sometimes you'll need to contact the practice with the query as we control your account and what you can do with it. If you do contact them, don't include any medical information, just the problem you're having with the website - they'll reply to your query quickly.

**To apply for Patient Access, please fill in the form overleaf and bring it in to the surgery with a form of photographic ID.**

If you are interested in registering with the practice for this, please complete this form and hand it back to reception. You will be able to book, cancel or check an appointment, request a prescription or look at certain aspects of your medical records 24 hours a day, 7 days a week, 52 weeks a year.

If you are under 16 or would like someone else to manage your patient access account you can nominate them as a proxy user. Please note, to be a proxy user you must have your own patient access account and be registered with us.

**YOU WILL NEED TO BRING A COPY OF PHOTOGRAPHIC ID (e.g. PASSPORT, DRIVING LICENCE) WITH YOU WHEN YOU BRING THIS FORM IN TO THE SURGERY.**

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| **Patient Details** **(Record you want access to)** |
| **Name:** |  |
| **Date of Birth:** |  |
| **Mobile Number:** |  |
| **Email:** |  |
| **Signed** | *Please sign here for access to your own medical records;* |
| **Signed Authorisation from patient for****Proxy User:** | *\*Please sign here to give permission for the below named person to access your medical records;* |
| **Proxy User Details (if applicable)****(Person who wants access to the above record)** |
| **Name:** |  |
| **Date of Birth:** |  |
| **Mobile Number:** |  |
| **Email:** |  |
| **Relationship to Above Patient:** |  |

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**\*Should the patient named above wish to revoke their permission for the proxy to have access to their account, it is their sole responsibility to inform the practice of this in writing.**