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## Billesdon Surgery

### Online Access Application Form

**Please read carefully –**

- Applications require 2 forms of ID, presented in person. We may have to call you if this form has been returned to us without checking your ID.
- An email address or mobile phone number is required so we can send your log-in information to you.
- An email address and mobile number must be unique to you and not shared by another patient.
- Applications are approved within 7 working days upon receipt and verification of your identity. You will then receive your log-in details and other necessary pass codes.
- Online Access is not available for children under 16 years of age\*, please complete a proxy form instead.  
\*please see the full terms and conditions on the back of this form.
- Your temporary password expires after 7 days, please ensure you set-up your account before it expires.
- By registering for an online access account you will gain prospective access to your medical record.

Surname:		Date of Birth:	
First name(s):			
Address:			
Postcode:			
Email address:			
Telephone number:		Mobile number:	
How do wish to receive your log-in details? <input type="checkbox"/> By text <input type="checkbox"/> By email <input type="checkbox"/> Collect in person (please tick only <u>one</u> box)			

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Medical Record Summary (this does not include full access to your medical record)	<input type="checkbox"/>

**By signing this form, you agree to the following statement:**

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 asap if I suspect my account has been accessed by someone without my permission. If I see details in my record that is not about me, or inaccurate, I will contact the practice as soon as possible. I will inform the practice if I no longer wish my named "proxy user" to have access to my record (if applicable). I consent to receiving email messages or text messages from Billesdon Surgery. I have read and understand the full terms and conditions on page 2.

<b>Signature</b>	<b>Date</b>
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**For practice use only**

ID verified (tick all that apply)	Passport seen <input type="checkbox"/>	Initial:	Date:
	Drivers Licence seen <input type="checkbox"/>	NHS No.:	
Bank statement/utility bill seen <input type="checkbox"/>			
Other form of ID seen (specify)..... <input type="checkbox"/>			
Approved <input type="checkbox"/>	If rejected, specify reason:		
Rejected <input type="checkbox"/>	Incomplete form <input type="checkbox"/>	Already has an account <input type="checkbox"/>	Other <input type="checkbox"/> .....
Authorised by	Date a/c created and details sent to patient		a/c Reset <input type="checkbox"/>

# TERMS AND CONDITIONS OF ONLINE ACCESS

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. Applications are only accepted for patients aged 16 years and over. For children under 16 please complete a proxy access form. A proxy form allows a child or adult to nominate someone to manage their online account for them. The nominated proxy must have an existing SystemOnline account to link to. Proxy is not available for the NHS App. Proxy applications will be rejected if the nominated person does not have an account or the information about the proxy provided on the form is not valid. We will inform the patient or their proxy if an application has been rejected. For children under 16 only booking appointments and ordering medication is available.
3. If a child's medical record contains a Gillick or Fraser competency code the patient is deemed competent to manage their own account, therefore we will permit children under 16 to complete this form. Competency is decided by one of our GPs. For more information about Gillick/Fraser competency please visit: <https://www.nhs.uk/conditions/consent-to-treatment/children/>
4. This application form does not include nominating a proxy user to manage your account on your behalf. To nominate a proxy please complete and return a "Proxy Access" application form, available on our website or from reception.
5. Appointments booked using this service must only be booked for the registered patient. Appointments for relatives/friends must be booked using their own credentials.
6. This service can be used to book single appointments with the GPs or Health Care Assistant (HCA). 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.
7. If you need an appointment with a Practice Nurse please contact us by telephone during normal surgery hours.
8. 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.
9. 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. Only request prescription items that are required.
10. Passwords/logon credentials should be kept secret. Do not pass on the details of passwords to anyone else.
11. Acceptable forms of ID are: Passport (photo ID); Drivers Licence (photo ID); Bus Pass (photo ID); Student card (photo ID); Household Bill (address ID); Bank Statement (address ID); Marriage Certificate; Birth Certificate. In some circumstances we may waive the need to present ID, for example if you previously had an account with Patient Access. However, we reserve the right to audit this and if necessary, revoke access if any fraudulent activity is found.
12. 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.
13. The practice cannot guarantee that the online service will be continuously available.
14. The practice cannot always offer technical support, Billesdon Surgery does not run or maintain the online service. If you are encountering an issue with an online service provider you should first try their support pages.
15. We need your consent to send you email or text messages in order for us to send you your registration details. Billesdon Surgery will never pass your email address or mobile number onto third parties. We may use your email address or mobile number to send you invitation such as Seasonal Vaccinations and health check-ups or important practice information.
16. The email address and mobile number on your application must be unique to you and not shared by another patient. Application forms where an email address or a mobile is shared will be rejected.
17. 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 registration details.
18. If you have a complaint or want to leave feedback about the online service please direct your complaints or feedback to the provider. We regret that Billesdon Surgery cannot accept complaints or feedback about online services.
19. This application includes access to your prospective medical records either from 01/11/23 or from the date of your registration with our practice. To apply for full access to your medical record, including retrospective access, please complete and return an "Access to retrospective medical records" application form, available on our website or from reception.
20. Abuse of the system in any way will mean a revocation of the patient's account (if they have one) and/or a proxy access if applicable. New requests for a online account from either party will be rejected. The practice does not have to give a reason for rejecting a request.
21. The service is provided solely for the use of the registered patient and/or proxy user i.e. the patient or their parent/guardian, carer or power of attorney named on the application form.
22. Billesdon Surgery will not create an online account on your behalf. Please do not bring your mobile devices to the surgery for this purpose.
23. Please do not email the practice about a medical condition or medication query. For all enquiries regarding your healthcare please telephone the surgery on 0116 2596206 or 0116 2167260 for medication queries between 11am and 1pm.
24. Failure to comply with any of the above conditions may result in revocation of access to the service.
25. We may update these terms and conditions at any time. The latest version of this form, including the terms and conditions, will always be available on our website at [www.billesdonsurgery.com](http://www.billesdonsurgery.com) and from reception. By signing page 1 of this form you agree to the terms and conditions as outlined on the latest version of the form.