**The O’Connell Street Medical Practice**

**Patient Access – Terms and Conditions**

* To apply for online access to the Practice’s repeat prescribing patients must complete the declaration below and return this form to the Practice Manager
* Applications are “one per patient”. Acceptance of one member of a family does not imply acceptance of other/further family members
* Applications for online access will not be considered for patients who are under the age of 16
* Where access is granted, registration details (PIN, Practice ID, Access ID and CHI No) will only be released direct to the patient
* Where access is refused, this will be in writing. A reason will only be given at the discretion of the Partners
* The Practice will not allow misuse of the on-line system and will monitor usage by individual patients. Where it is considered that a patient is misusing the system a warning letter will be issued. Where the situation does not improve, or recurs, access will be removed permanently and without further notice, at the discretion of the Partners
* Approved access requests will be notified along with access instructions and a copy of the Terms and Conditions
* Requests for re-issue of access log-in details will be via post, re-issue in all cases will be to the registered address
* The free text box within repeat prescribing should only be used to indicate a reason for an early prescription request. This box is **NOT** to be used for any medication requests which are **NOT** on your repeat list and is **not for any other purpose\*\***
* **\*\**NOTE* – *requests for medication which is NOT on your repeat list must be in written format handed in to reception desk or posted to the Practice***
* The status of repeat requests should be checked before collecting any medications from the pharmacy. Please allow **48 hours from your online confirmation time** before collecting your medication from the pharmacy.
* Messages with repeat prescribing should be checked after requesting medications to confirm that they have been prescribed
* For emergency repeat medication requests please report to the reception desk so these can be auctioned

**Agreement**

**I agree to the above Terms and Conditions, and others which may be reasonably imposed from time to time at the discretion of the Partners**

**Signed: ....................................................................................**

**Print Name: ....................................................................................**

**Date: ....................................................................................**