



Charles Street Surgery
Charles Street
Otley
LS21 1BJ
Tel: (01943) 466124
Fax: (01943) 468373

ON-LINE SERVICES APPLICATION FORM

Surname:	Christian Name:
Address:	Telephone:

I wish to apply for access to on-line services;



Appointment Booking and Cancellation	
Repeat Prescription Ordering	
Personal Information Updating (automatically added to your access when approved)	

Terms and Conditions

- Where access is refused this will be in writing. A reason will only be given at the discretion of the partners.
- Forms submitted are "one per patient". Acceptance of one member of a family does not imply acceptance of other / further family members.
- Patients with a history of none-attendance at pre-booked appointments (without cancelling) will not normally be granted access to on-line appointment booking.
- On-line appointments booked are to be cancelled by the patient as soon as it is determined that it is no longer required.
- 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 or is acting in a way detrimental to the availability of the appointment system, or other facilities, 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.
- Repeat prescriptions may only be ordered where these appear on the repeat list, which is provide to patients on the tear-off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items ordered or requested using this facility will be not be actioned and no contact will be made with the patient. Prescriptions ordered outside this guideline must be via reception staff.
- Personal Information Updating is subject to validation after submission. Patients moving outside the Practice Area will be removed from the practice list in the usual way.
- Approved access requests will be notified along with access instructions and a patients' Code of Practice

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.....Name.....Date.....