

Terms and Conditions for Loanhead Practice

To apply for access to the on line repeat prescribing service, patients must complete the declaration below and return this form to the Practice. 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 number) will only be released direct to the patient and not to a parent, partner or other third party, it is acceptable for the patient to provide the password to the third party. The practice will not provide access detail directly.

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 online 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 these Terms and Conditions.

Requests for reissue of access log-details will be via post, reissue in all cases will be to the registered address.

The free text box within Repeat Prescribing should only be used for the repeat medication listed, e.g. if requesting double for going on holiday. This box is not to be used for Special Requests or other messages for the Doctors.

The status of repeat requests should be checked on line before collecting any medications from the Pharmacy.

Messages within Repeat Prescribing should be checked, after requesting medications, to confirm that they have been prescribed. 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.

Full Name -----

Date of Birth -----

Phone number -----

Email Address (* Required*) -----