



## HALL GROVE GROUP PRACTICE

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### Hall Grove & Parkway Surgeries

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## Online Repeat Medication ADULT Information and Application

Before you begin to use the repeat medication request service, please read the following information and attached agreement regarding the use of online services. **Please keep this leaflet for your own reference.**

A document containing your unique login username and password details will be posted five working days after the practice receives your signed agreement form (see attached). Please keep this document safe as it contains your personal information.

When registered you will be able to:

- Order Repeat Medication
- View appointments you have already booked
- Cancel appointments

### **Important points to consider before registering for access to online services**

- **It will be your responsibility to keep your login details and password safe and secure.** If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

- **Choosing to share your information with someone:** It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
- **If you print out any information from your record,** it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- **Coercion:** If you think you may be pressured into revealing details from your patient record or allowing someone else direct access to your record against your will, it is best that you do not register for access at this time.

## Repeat Medication Requests

On confirming your repeat medication request online your request is sent to the surgery and confirmation of your request appears on your home page. Your request is processed in the normal way, allow 3 working days.

## Missed Appointments

If you are unable to attend your appointment please let us know as early as possible. You may cancel it online or telephone us. This will allow us to offer the appointment to another patient.

## Inappropriate use

We are sure you will find this service useful. However, we will revoke your access to it if you abuse the service. For your access to be reinstated you must liaise with the Practice Manager.

Examples of what we would consider inappropriate use are:

- Requesting medication for other family members using your named account
- Using the optional message box for repeat prescriptions for anything other than medication

## Medication for Family Members:

Unfortunately the system is not flexible enough to allow you to order medication for family members on **your** account. Separate accounts can be created for each family member. A patient agreement will need to be completed for each patient.

## Registering your email or changing your password

When you choose to **register your email address** online we will receive your request to update your details. We have to manually update our clinical systems so please allow up to 5 working days.

You will still be able to use the online services in the meantime using the username and password on your letter.

You will be able to **change your password** online once you have received confirmation that your email address has been changed.

## What do you need to do next?

**Fully complete the Patient Agreement.** When handing in your completed patient agreement to the receptionist proof of ID will be requested.

Patient Agreement for the use of Online Booking on next page >>



## Online Repeat Medication Services ADULT Application

PLEASE COMPLETE FORM **CLEARLY IN BLOCK CAPITALS**

<b>TITLE:</b>		<b>FIRST NAME:</b>		
<b>SURNAME:</b>	<b>CURRENT SURNAME:</b>			
	<b>PREVIOUS SURNAMES:</b>			
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> (please tick)	
<b>OCCUPATION (If retired, your previous occupation)</b>				
<b>ADDRESS:</b>				
	<b>Postcode:</b>			
<b>HOME TEL:</b>				
<b>MOBILE TEL:</b>				
<b>WHO DO THESE DETAILS BELONG TO?</b> (yourself / partner etc.)	<b>HOME:</b>			
	<b>MOBILE:</b>			
<b>CAN WE LEAVE MESSAGES ON THESE NUMBERS?</b>	<b>MOBILE:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> (please tick)		
	<b>HOME:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> (please tick)		
<b>Would you like to register with the Practice for SMS text messages?</b>		<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> (please tick)		
<b>YOUR EMAIL ADDRESS:</b>				

(Admin note: Code to be added for online repeat medication requests – “Registered for online access to local practice”)

Your online log in details will be sent to your registered address.  
Please allow a minimum of five working days.

**I have understood and will adhere to the practice information leaflet for the use of Online Repeat Medication. I understand that failure on my part to adhere to the information regarding use may result in my online registration being terminated. I understand that this will in no way affect my registration with the practice.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Administration Use only –

DATE \_\_\_\_\_ Photo ID seen \_\_\_\_\_ RECEPTION (name printed) \_\_\_\_\_