 WI8001 Form

EMIS Web EMIS Web consultation write back request

Use this form to send us the information we’ll need to configure consultation write back. If you want us to configure a different type of data sharing, you can find the appropriate form on [EMIS Now](https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0045105).

Consultation write back includes functionality to mitigate against clinical risks such as a consultation being incorrectly recorded against the wrong patient (Patient Finder) and/or being made available to a patient (that is able to view their record) when it would be inappropriate for the patient to see the record before speaking with their GP (confidentiality restriction). However, EMIS cannot control whether the third party care provider undertaking the consultation actually selects the correct patient, applies confidentiality restrictions and/or inputs the correct information. You agree and acknowledge that EMIS shall have no liability to you or otherwise in the event that incorrect or incomplete information is filed back to a patient record as a consequence of such user error.

**Important:** This form itself is *not* a sharing agreement. Before you ask EMIS Health to configure sharing agreements in EMIS Web for your organisation, you need to take *all* the following steps and tick the boxes as confirmation. We can’t process your request without confirmation of all these actions.

|  |  |
| --- | --- |
| Action | Done |
| Review all your existing sharing agreements (because there may be problems if you request conflicting settings/rulesets). | Yes |
| Contact your local information governance (IG) officer to discuss your sharing requirements and ask them to set up corresponding local sharing agreements. | Yes |
| Make sure that the data controller (practice manager, senior partner, lead GP, IG lead or Caldicott guardian) of each organisation that you want to include in a new sharing agreement is happy for the organisation to be included. | Yes |
| Read the [guide to requesting data sharing configuration](https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0045105) on the EMIS Now, to find out more about sharing agreement types and the terms we use on this form. | Yes |

It is also your responsibility (with all other affected organisations) to review sharing agreements regularly, to make sure they are still fit for purpose. If any amendments are needed, use this form to request them. EMIS Health Customer Fulfilment will keep all affected organisations informed about any amendments made.

You *must* complete all fields on this form in Microsoft Word format and email it from an email address that we have verified to [cfdatasharing.pcc@emishealth.com](mailto:cfdatasharing.pcc@emishealth.com)

## Details of the requesting organisation

|  |  |  |
| --- | --- | --- |
| Organisation name |  | |
| Organisation address |  | |
| Data controller  (practice manager, senior partner, lead GP, IG lead or Caldicott guardian) | Name |  |
| Job title |  |
| Telephone |  |
| Email |  |
| EMIS Health customer (CDB) number |  | |
| Date sharing agreement requested |  | |

## Enterprise details

Use this table to provide details about the configuration options for all organisations within your enterprise.

|  |  |
| --- | --- |
| Enterprise agreement name |  |
| Enterprise agreement short name  (30 characters maximum) |  |
| Agreement ID number  Use when amending an agreement |  |
| Required legitimate relationship period length (in days)  (Default/maximum is 28 days) |  |

|  |  |
| --- | --- |
| **What you need (please tick, and then add further details):** | |
| **A new sharing agreement** x | **Reason(s) for sharing this data (255 characters maximum)** |
| **Amendments to an existing sharing agreement** o  **(for example, additional organisations, Agreement name change )** | **Sharing agreement ID** |
| **Description of amendments needed** |
| **Deactivation of an existing sharing agreement** o | **Sharing agreement ID** |
| **Reason(s) for deactivation** |

## Details of sharing and viewing organisations

Use this table to provide details of all organisations who want to share and/or view data using this sharing agreement. We’ll send information to the data controller for each organisation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMIS Health customer (CDB) number | NACS code | Organisation name | Data controller’s name\*  (responsible for activating the sharing agreement following configuration) | Data controller’s email address | Existing Enterprise Customer? |
|  |  | [PCN Hub] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |
|  |  | [GP Practice] |  |  | N |

\*The person named here *must* be the practice manager, senior partner, lead GP, IG lead or Caldicott guardian.

**\*\***Any organisation that has previously been configured for a Remote Consultations agreement will already be identified as an enterprise customer in their EMIS Web system.

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there may have been changes since this document was produced.

Web: www.emishealth.com