

REGISTRATION FOR ONLINE SERVICES

Section 1: Patient Details *(Complete Section 1 If you, the patient, wish to have online access)*
(Complete Name, DOB, Address and sign Section 2, if you wish to grant proxy access to a representative (or patient is under 11))

Name		Date of Birth	
Address			
Home Tel:		Consent to use Mobile? <i>(Please circle)</i>	Yes No
Mobile No.*		Consent to use Email? <i>(Please circle)</i>	Yes No
Email*			

** We require your consent to send texts / emails, for example, appointment reminders, health promotion, and information about new developments at the practice. Emails / text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. You can opt out at any time.*

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I, the patient, understand and agree with the statements below, and wish to have access to the above ticked services

1. I have read and understood the information leaflet provided by the practice.
2. I will be responsible for the security of the information that I see or download.
3. If I choose to share my information with anyone else, this is at my own risk.
4. I will contact the Practice as soon as possible, if I suspect that my account has been accessed by someone without my agreement.
5. If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the Practice as soon as possible.

Signature of Patient <i>(11 or over)</i>	Date	
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Section 2: Proxy Access Representative Details *(Complete if you wish to grant Proxy Access to someone else)*

Name		Date of Birth	
Address			
Home Tel:		Mobile No	
Email			

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing medical record	<input type="checkbox"/>

I, the representative, understand and agree with the statements below:

1. I have read and understood the information leaflet provided and agree that I will treat the patient information as confidential
2. If I choose to share my information with anyone else, this is at my own risk
3. I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement
4. If I see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential

Signature of representative	Date	
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I, the patient, consent to the above named representative having access to the Online Services ticked above

Signature of Patient <i>(11 or over)</i>	Date	
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For Practice Use Only					
ID Verification	Photo ID	Proof of Address ID	Birth Cert.	Verified/Vouched by:	Date Verified/Vouched:
Patient / Proxy	DL / PP / BP	UB / BS / CT	BC		
Patient Vouching:	How long known patient:				
Account Activation:	Access Activated:				
	Records Activated:				
Date account created:			After 01/05/15, ODV After 03/03/14, FT		

ONLINE SERVICES PATIENT INFORMATION LEAFLET

To encourage patient to utilise the range of online services to help improve access and support self-care, which include:

- Appointment Booking
- Repeat Prescription Ordering
- Viewing your Medical Records**
- Email your GP
- Video Consultations (*Face-to-face via Video using your Computer/ Laptop or Smartphone*)
- Online Consultations (*Health advice on minor ailments*)

Viewing your Medical Records Online**

- To empower and involve you in managing your own health, you can access the following sections of your medical record:
 - ✓ Summary
 - ✓ Consultations
 - ✓ Self-Management Plans
 - ✓ Immunisations
 - ✓ Medications
 - ✓ Hospital Letters
 - ✓ Allergies
 - ✓ Test Results*excl letters containing third party or sensitive information

This means you can access your records from anywhere in the world. For example, if you were taken ill whilst in another country, you would be able to login and show the Doctor treating you.

Proxy access for children and relatives

You can request proxy access to another persons' health record (subject to consent). If the child is under the age of 11, you do not need consent.

How do I get started?

You will need to complete the Online Services Registration Form and return it to the practice, in person, along **with the correct forms of identification, as stated below:**

Age	What Identification do I need?
0 – 10 years	A Parent is able to request Proxy access for a Child under the age of 11. Parents are required to provide one form from List A or B, one from List C, and Full Birth Certificate of the Child.
11 – 16 years	Patients aged 11 will need to provide both their Birth Certificate and Passport.
17 years & over	You will need to provide one form of Identification from List A. <i>Alternatively, one form from List B and one form from List C</i>

LIST A: Photographic	List B: Photographic ID	List C: Non-Photographic
Passport	Bus Pass	Utility Bill
Driving Licence	Residence Permit	Bank Statement

How long does it take to receive my details?

Once you've handed your form to Reception, they will be able to generate and provide you with your registration details.

How do I register?

Once you have received your registration details from either Reception, or via email, you will be able to register online. Initially you will be given access to the core online services such as appointment booking and repeat prescription ordering. Viewing your medical records access, if requested, will be checked for third party or sensitive information before being processed which should be processed and enabled within 10 working days.

Things to consider before requesting to view Medical Records Online

Misunderstood Information

Some of the information within your medical record may be highly technical, written by specialists and not easily understood.

Abnormal results or bad news

You could see something that you may find upsetting, such as test results. This may occur, before you have spoken to a GP, or whilst the surgery is closed.

Third party information

Sometimes, we receive letters about you that contain information about other individuals, such as siblings, parents, or other family members, etc. To avoid breaches in third party disclosure, you will not be able to view letters.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Keeping your information safe & secure

It is **your responsibility** to keep your login details and password safe and secure. If you know or suspect that your record has been inappropriately accessed by someone, you should change your password immediately and / or contact the practice. 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.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Disclaimer

All data is protected using the highest standard internet security; so you can be sure all your personal information is safe and secure.