



# Patient Online registration form Access to GP online services

| Surname  |                                   |                        |                  |         |
|--|-----------------------------------|------------------------|------------------|---------|
| First name   |                                   |                        |                  |         |
| Date of birth  |                                   |                        |                  |         |
| Address  |                                   |                        |                  |         |
| Postcode   |                                   |                        |                  |         |
| Email address  |                                   |                        |                  |         |
| Telephone num  | nber                              | Mobile number          |                  |         |
| 1. Booking appointments 2. Requesting repeat prescriptions 3. Accessing my medical record (Problems and Laboratory Results)  Application for online access to my medical record  I wish to access my medical record online and understand and agree with each statement. |                                   |                        |                  |         |
| (please tick)  | s my medical record online and    | d understand and a     | igree with each  | stateme |
| At present med   | lical record access includes Pr   | roblems and Labora     | atory results.   |         |
| I have read and understood the information on the reverse of this form   |                                   |                        |                  |         |
| 2. I will be responsible for the security of the information that I see or download  |                                   |                        |                  |         |
| <ul><li>3. If I choose to share my information with anyone else, this is at my own risk</li><li>4. I will contact the practice as soon as possible if I suspect that my account</li></ul>  |                                   |                        |                  |         |
| <ol> <li>I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement</li> </ol>   |                                   |                        |                  |         |
| If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible   |                                   |                        |                  |         |
| log out i  | minediately and contact the place | 1100 as 30011 as p0551 | INI <del>C</del> |         |
| Signature  |                                   | Date                   |                  |         |

# For practice use only

| Identity verified through (tick all that apply) | Vouching □ Vouching with information in record □ Photo ID □ Proof of residence □ | Name of verifier | Date |
|---|--|------------------|------|
| Name of person who authorised (if applicable)   |  |                  | Date |

## Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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.

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.

#### Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

#### Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

#### Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

### 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.

#### 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.

#### **Misunderstood information**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

## 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.

## More information

For more information about keeping your healthcare records safe and secure please visit our website: www.pallionfamilypractice.nhs.net