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| DR K. BUTT  DR P. DE SILVA  DR F. FENOJO  DR J. SANDERS  DR J. SIDAWAY  DR N. NARRA  DR I. BUTT  Oakwood Surgery | **Contact Details**  Tel: 01623 435555  www.oakwoodsurgery.co.uk  nnccg.oakwood.surgery@nhs.net  Oakwood Surgery  Church Street  Mansfield Woodhouse  NG19 8BL  Bull Farm Branch  Concorde Way  Mansfield  NG19 7JZ |

**Online Access Application**

Including Access to Medical Records

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record – See Overleaf |  |

**To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.**

**ID Requirements: Any 2 of the following; 1 must be a photo ID**

* Photo ID: Passport, Bus Pass, Photo-Card Driving Licence;
* Proof of Address: Paid Utility bill, Bank/building Society Statement, Pay Slip, P60, House or motor insurance certificate, Local authority rent card, Papers from a government department, letter from benefit agency.

**Patient Consent for Online Services**

* I consent to the practice providing me with the online facility to book/cancel appointments and order repeat prescription through online services.
* It is my responsibility to keep my account secure by keeping my log in details confidential.
* I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering,
* and that this form will be kept on my electronic records.
* I would use this service responsibly and in the case of any abuse of the service, Oakwood Surgery can prevent me from accessing the service by stopping the username and password from working. Examples of irresponsible use of the system may include, but are not limited to:

1. Registering at a GP practice outside your catchment area
2. Booking appointments you have no intention of attending
3. Repeatedly booking and then cancelling appointments
4. Repeatedly requesting prescriptions that you do not need.

The practice is committed to protecting online privacy. The personal information entered on this website is strictly controlled. Information entered is available only to members of staff with appropriate access rights at Oakwood Surgery - i.e. those managing appointment booking, repeat prescribing and patient registration. Patient`s personal information will not be shared with any third parties. Patient`s personal information will not be sold to any third parties.

**Patient Consent to receiving all SMS messages & e-mails,** regarding health care matters

Patient Signature ……………………………………………… Date: ………………………..

**Patient consent to online access of their medical record**

I wish to access my medical record online and understand and agree with each statement (tick)

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| --- | --- |
| 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. |  |
| 7. I understand that there may be a risk that I might see abnormal results or bad news in my record. |  |

It’s crucial that you inform us whenever you change your contact details: telephone numbers, e-mail address, address and this remains your responsibility.

Patient Signature ………………………………….. Date…………………………

# For practice use only

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| --- | --- | --- | --- | --- |
| Patient NHS number | | | Method:  Vouching   Vouching with information in record   Photo ID and proof of residence   Document numbers (Not to be scanned onto patient records) | |
| Identity verified by | Date | |
| Authorised by GP name: | | | | Date |
| Date account created (Online Services registration) | | | | |
| Date passphrase sent (Online Services registration) | | | | |
| Level of record access enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |