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| **Online Access Registration Form**  |

**IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING FORM BELOW**

You can now use the internet (via computer or mobile app) 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 contact the surgery immediately.

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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

Please note that to register you for online services, we will need to verify your identification and residency. When you bring in your completed form, please also bring with a copy of photo ID such as valid passport or drivers’ licence and proof of residence, such as a utility bill addressed to yourself dated within the last 12 months. If you do not either of these forms of ID, please speak to our reception team as we may be able to verify your identity in a different way.

If you would like access to another patient’s account (i.e. if the patient is under the age of 16, is unable to manage their health online, do not have capacity), you will need to fill in an online access form for them as well as yourself if you are not signed up already. Please be aware if the patient is over the age of 16, we may need written permission from them stating that they consent for you to view their health information unless this is already stated on their records.

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.

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| **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. |

For further information, please see: [www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx](http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx)

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| **Online Access To Your Health Record (continued)** |

*Please note: if you are requesting proxy access for a patient, please enter their details in Patient Details and yours in Representative Details (on page 3).*

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| **Patient Details**  |
| **NHS Number** |  | **Date of Birth** |  |
| **Name**  |  |
| **Address** |  |
| **Telephone**  |  | **Email Address**  |  |

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| **I wish to have online access to:** *(please tick all that apply)* |
|[ ]  View & book appointments |
|[ ]  View & request medication |
|[ ]  Access my coded medical record  |
|[ ]  Access my Summary Care Record |
|[ ]  Complete online questionnaires |

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| **I wish to access my medical record & understand & agree with each statement:** *(please tick all that apply)* |
|[ ]  I have read and understood the ‘Important Information’ page |
|[ ]  I will be responsible for the security of the information that I see or download |
|[ ]  If I choose to share my information with anyone else, this is at my own risk |
|[ ]  If I suspect that my account has been accessed by someone without my agreement, I will contact the practice |
|[ ]  If I see information in my record that it not about me, or is inaccurate I will contact the practice  |

*Please remember to bring a copy of photographic ID as well as proof of residency such a utility bill. Without this information, we mayl not be able to register you for online access.*

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| **Patient Signature** |
| **Patient Signature** |  |
| **Name** |  | **Date** |  |

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| **Proxy Access** |

If you would like access to another patient’s account (i.e. if the patient is under the age of 16, needs additional help managing their health, does not have capacity), please fill in your details below. If the patient is over the age of 16, we will need written permission from them stating that they consent for you to view their health information.

For more information about proxy access and linked accounts, please see: <https://www.nhs.uk/nhs-app/nhs-app-help-and-support/linked-profiles-in-the-nhs-app/>

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| **Representative Details** *(these are details of the people seeking proxy access on behalf of the patient)* |
| **Name**  |  |
| **Date of Birth** |  |
| **Address** |  |
| **Telephone**  |  | **Email Address** |  |
| **Relationship to patient**  |  |

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| **Representative Signature** |
| **Signature**  |  |
| **Name** |  | **Date** |  |

**For Practice Use Only:**

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| Identity verified through(tick all that apply) | [ ]  Self-Vouching[ ]  Vouching with information in record [ ]  Photo ID[ ]  Proof of residence[ ]  Professional Vouching |
| Name of verifier |  | Date: |
| Name of person who authorised & added to SystmOne |  | Date: |