

Please complete the form below and bring into the surgery with **two** forms of identification. One form of photo ID and one proof of address i.e. Passport, Photo Driving Licence, Photo Bus pass, Student ID **and** one official letter bearing your name and address i.e. Bank or Building Society, Utility Company, Local Council, Landline Telephone Provider.

(Note: A photo driving licence will suffice for both photo ID and proof of address)

| | | | |
|---------------|--|---------------|--|
| Surname | | | |
| First Name | | Date of birth | |
| Address | | | |
| Postcode | | | |
| Email Address | | | |
| Telephone No. | | Mobile No. | |

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

NB: To enable **FULL** access, consent to receiving SMS messages must be obtained, please indicate your preference below:

I consent ☐ / Do not consent ☐ to receiving SMS messages

| | | |
|---|---|--------------------------|
| 1 | View and book appointments | <input type="checkbox"/> |
| 2 | View and request repeat prescriptions | <input type="checkbox"/> |
| 3 | Access my coded medical records (contains any medical codes that have been recorded) | <input type="checkbox"/> |
| 4 | Access my FULL medical records (contains medical codes & free text that has been recorded) | <input type="checkbox"/> |
| 5 | Access my Summary Care Record | <input type="checkbox"/> |
| 6 | Complete online questionnaires | <input type="checkbox"/> |

If you are not a dispensing patient, would you like your prescriptions to be sent automatically to the pharmacy of your choice?
If yes, please indicate the name and address of your chosen pharmacy below:

| |
|-----------|
| Pharmacy: |
|-----------|

I wish to access my medical record online, I understand and agree with each statement below (*please tick*):-

| | | |
|---|--|--------------------------|
| 1 | I have read and understood the information on the reverse of this form | <input type="checkbox"/> |
| 2 | I will be responsible for the security of the information that I see or download | <input type="checkbox"/> |
| 3 | If I choose to share my information with anyone else, this is at my own risk | <input type="checkbox"/> |
| 4 | I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

For Practice use only

| | | | |
|---|-------|--|--|
| Patient NHS Number: | | Identity Verification Method: | |
| ID verified by: | Date: | Photo Driving Licence <input type="checkbox"/> | Passport <input type="checkbox"/> |
| | | Bus Photo Pass <input type="checkbox"/> | Student ID <input type="checkbox"/> |
| Authorised by (<i>if applicable</i>): | Date: | Bank/Building Scty <input type="checkbox"/> | Local Council <input type="checkbox"/> |
| | | Utility Co. <input type="checkbox"/> | Landline Provider <input type="checkbox"/> |
| | | Other (please state) | |

Important information please read before returning this form

If you wish to, you can now use the internet to book an appointment with a GP, request repeat prescriptions for any medications you take regularly and look at your medical records online. You can also still use the telephone or call into the surgery for any of these services. 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 have indicated above that you have read and understood the following before you were 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 is up to you whether or not you share your information with others – perhaps family members or carers. It is 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 |
| Proxy Access Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 13. Any subsequent proxy access will need to be authorised by the patient subject to a competency test being completed. Proxy Access ceases at age 16. |