

# ***The Blackheath Standard Surgery***

***www.blackheathstandardsurgery.com***

## **Online Access Information Leaflet for Patients (Patients aged 18 and over)**

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 records online. You can still use the telephone or come in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

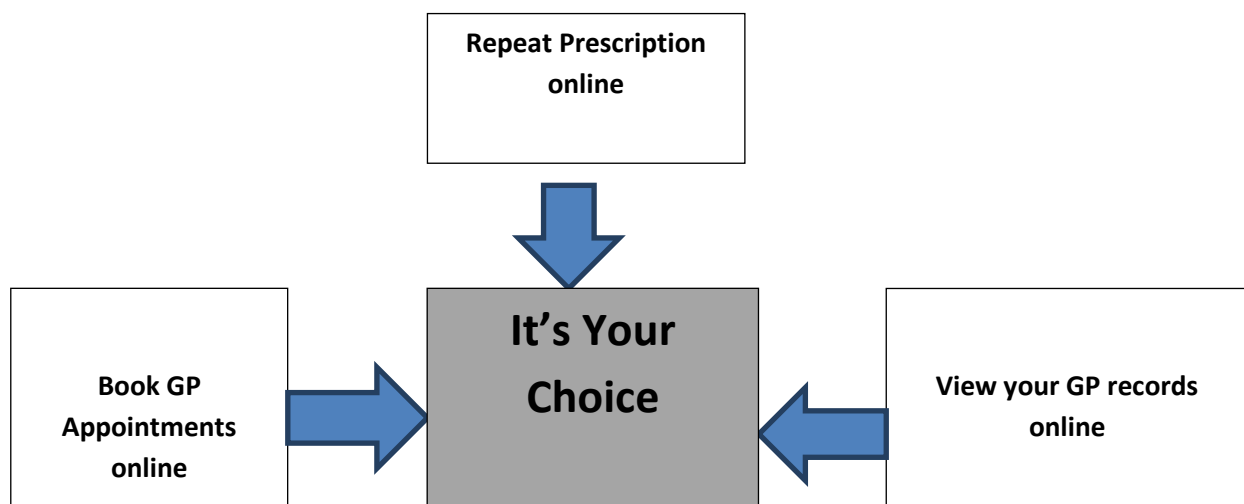
You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

**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.**

**The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**



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## **Patient Online: Access to GP online service registration form** **For Patients over 18 years of age**

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Tel No (home)		Mobile number	

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

1. Booking and cancelling GP appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record summary incl allergies and adverse reactions	<input type="checkbox"/>
4. Results of investigations	<input type="checkbox"/>
5. Immunisation history	<input type="checkbox"/>
6. <b>Default access</b> to consultations and documents (information is visible from the date access is granted. (For Full Access, please only tick below)	<input type="checkbox"/>
7. <b>Full access</b> to consultations and documents (It might take longer to approve full access as clinician need to review all the information on record before granting access)	<input type="checkbox"/>

### ***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 all items, sign and date or this application cannot be processed)

1. I have read and understood the information leaflet provided by the practice	<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 it not about me, or is inaccurate I will contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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### **For practice use only**

Identity verified through	Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Initials of verifier:	Date:
Name of person who authorised		Date:	
Date account accepted			