

Important Information

Please read before returning this form

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 for any reason this cannot be done, 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 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 your 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 your choice as to whether you share your information with others, be they family members or carers. If you choose to do so it is your responsibility to keep your 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 advisable 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.

Declining a Request:

All requests for online records access are assessed on a case-by-case basis. On occasion, it will be deemed necessary to decline a patient's request for online records access on the grounds of it not being in the patient's best interests clinically. These decisions are made after serious consideration, and only a senior GP partner can make the final decision. If your request is declined, you will be notified of this by letter. A declined status is not permanent, and you can reapply in 6-12 months.

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.

Patient Online Registration Form

Please make sure to complete this form in its entirety – incomplete forms will not be processed.

First Name:			
Surname:			
Date of Birth:		Age:	
Address:			
Email address:			
Telephone number:		Mobile number:	

Access to GP online services

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my detailed coded medical records	<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)

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 it not about me or is inaccurate, I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
6. I understand that my application is not a guarantee of being authorised online records access, and that my request may be declined on medical grounds	<input type="checkbox"/>

Signature:		Date:	
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I understand that I will be contacted by the surgery when my online access has been authorised. I would prefer to be contacted on one of the following methods (please tick as appropriate):

SMS/Text Message	Email	Telephone Call
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For practice use only

Identity verified through: (Tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
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