

**Patient Online Registration Form – Access to GP Online Services**

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

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

|  |  |
| --- | --- |
| 1. Booking appointments
 |  |
| 1. Requesting repeat prescriptions
 |  |
| 1. Accessing my medical record

(detailed coded record only) |  |

Application for online access to my medical record

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

|  |  |
| --- | --- |
| 1. I have read and understand the information on the reverse of this form
 |  |
| 1. I will be responsible for the security of the information that I see or download
 |  |
| 1. If I chose to share my information with anyone else, this is at my own risk
 |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 |  |
| 1. If I see information in my record that is not about me or is inaccurate I will log out immediately and contact the practice
 |  |

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

For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identify verified through (tick all that apply) | Method**–2 SEPARATE FORMS OF ID TO INCLUDE PHOTO ID & ADDRESS**🞏 Driving licence 🞏 Utility bill 🞏 Bank statement🞏 Passport 🞏Birth/Marriage Certificate 🞏 Other | Name of verifier | Date |
| Name of person who authorised (if applicable) |  | Date |

**Important information – please read before returning this form**

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications that you take regularly and look at your medical record online.

It will be your responsibility to keep your login and password details safe and secure. If you know or suspect that your record has been accessed by someone that you have not authorised should see it, then you should change your password immediately or contact the practice.

If you print out any information from your medical record it is also your responsibility to keep this secure. If you are worried about keeping printed copies safe, we recommend that you do not make copies.

**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 fully understand the following before you are given login details

* **Forgotten history** – there may be something that you have forgotten about in your records 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 whilst the surgery is closed and you cannot contact them
* **Choosing to share your information with someone** – It’s up to you whether 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 recommended that you do not register for online 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 your or notice any other errors, please log out of the system immediately and contact the practice as soon as you can