**Patient Online registration form**

Access to GP online services for another patient

|  |  |
| --- | --- |
| Patients Name |  |
| Patients Date of birth |  |
| Address | Postcode: |

|  |  |
| --- | --- |
| I am requesting access to the online services of a child aged 11 and under for whom I have parental responsibility |  |
| I am requesting access to the online services of a child aged 12 – 15 for whom I have parental responsibility because; | |
| *The patient is lacking competency in managing their own healthcare* |  |
| *The patient is competent and has given consent for my access* |  |
| I am requesting access to the online services of a patient aged 16 and over who lacks the competency to manage their own healthcare *(GP assessment or Legal Documentation required)* |  |
| I am requesting access to the online services of a patient and I have consent from the patient. |  |

# Terms of Agreement

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 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible | 🞏 |

|  |  |  |
| --- | --- | --- |
| I understand the risks of allowing the user access to the services ticked and I understand that I reserve the right to remove this access at any time. | **I am allowing the user proxy access to the following services;** | |
| Online appointment management |  |
| Online prescription management |  |
| Online access to my summary medical record |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicants Signature |  | Date |  |
| Patients Signature |  | Date |  |

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | 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 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 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 will be asked that you have read and understood the following before you are 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’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. |