**BELLEGROVE SURGERY**

www.bellegrovesurgery.co.uk

**PATIENT ACCESS – REGISTRATION FORM**

**Access to GP online services**

***Please complete this form and hand it to the practice, please also provide your proof of identity. Once we have received your form and seen the necessary proof of identity we will print you a registration letter which you can use to register for your online account and email/print this to you. Please note that each individual family member would need to complete this application form as each individual needs to have their own account.***

|  |  |
| --- | --- |
| **Name:** |  |
| **D.O.B:** |  |
| **Address:** |  |
| **Tel No:** |  |
| **Mob No:** |  |
| **Email address:*****Please print clearly*** |  |

By providing your mobile number you are consenting to receiving FREE text reminders of your appointments, and to letting us know if your number changes. If you DO NOT want to receive a FREE text appointment reminder please tick this box:

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞎 |
| 1. Requesting repeat prescriptions
 | 🞎 |
| 1. Access to my Core Summary Record (medications and allergies)
 | 🞎 |
| 1. Access to my Detailed Coded Record (imms, problems and test results)
 | 🞎 |

|  |  |
| --- | --- |
| 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. If I choose 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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible
 | 🞎 |

|  |  |
| --- | --- |
| **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** |

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**Important Information – Please read before returning this form**

**Please note that we only provide online access to patients over the age of 18**

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.**

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

**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’s 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. |

**More information**

For more information about keeping your healthcare records safe and secure please visit:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceSummaryA4.pdf>