

## Patient Online Services Registration Form

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

**All Patients are given access to book GP appointments, request repeat prescriptions, and view details of allergies, medication and immunisations.**

**Additionally you can have access to view test results and consultations. (Please complete back of this form.)**

### Please Note

#### Abnormal results or bad news

If you choose access to test results, you may see something that you find upsetting or don't understand. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. Think about whether this is right for you before you sign up. You can change your mind at any time.

I would like to have access to the Online Services to book GP appointments and request repeat prescriptions. I confirm that I understand the importance of keeping my details safe and I will inform the practice if I have any concerns or change my mind.

Signature		Date	
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#### STAFF ONLY

BASIC ACCESS GRANTED ON EMIS

PIN DOCUMENT GIVEN TO PATIENT

ID SEEN BY? (PLEASE SIGN)

## Request for Coded Record Access

This gives you access to all the coded information in your GP record. It does not include any of the notes or comments your GP or nurse writes.

**Before you apply for online access to your record, there are some things to consider.**

### Forgotten history

There may be something you have forgotten about in your record that you might find upsetting. If you choose to share your record others will see this too.

### 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, you may want to consider not registering for access at this time. If this becomes the case in the future then you need to tell us immediately.

### 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.

**Please note, however well you are known to the practice staff, you will be asked to provide photo ID and proof of address.**

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 in the patient leaflet including the potential risks from having online access to my record.	<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 inform the practice if I feel pressured to show my record to someone or feel I would be at risk of harm if someone saw my record.	<input type="checkbox"/>
5. 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"/>
6. 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"/>
7. I understand that access for record viewing is subject to my doctor's approval (and may take up to 6 weeks to process) and that any online services can be withdrawn by the practice if I misuse the system.	<input type="checkbox"/>

Signature		Date	
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