

# HOWDEN MEDICAL CENTRE

## Patient Online registration form Access to GP online services

Patients Full name		Date of birth	
Address (including postcode)			
Home telephone number		Mobile number	
Please tick to Consent or Dissent to receiving information from us via SMS Text Messaging	CONSENT <input type="checkbox"/>	DISSENT <input type="checkbox"/>	
Email Address			

### Services you will receive access to

You will get access to Book Appointments, Request Repeat Prescriptions, Summary Care Record, Detailed Coded Record and if over 16 years old future Full Medical Record

### Gaining access on behalf of your child (a separate form must be completed for each child with their details above as the patient)

If you are a parent registering to gain access on behalf of your child please complete the details below: **please note access will automatically be revoked when the child reaches 13**

Your name		Relationship to the patient above	
Your signature			

### 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 is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

<b>Signature</b>		<b>Date</b>	
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### For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Utility bill <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Birth certificate <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date

**PTO**

## **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**

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.