## Patient Online Service Information Leaflet & Registration Form

#### **GP** online services

In addition to telephoning or visiting the practice, we have a range of online services to help improve access, which are available for you to:

- Book your next GP or blood test appointment online.
- Request repeat prescriptions for any medication you regularly take.
- View your medical records. Including information about medication, allergies, vaccinations, previous illnesses and test results.
- View clinical correspondence such as hospital discharge summaries, outpatient appointment letters and referral letters.

#### How can I start using GP online services?

Follow these steps to access GP online services:

- 1. Take photo ID (passport or driving licence) and proof of address (such as a bank statement or utility bill) to the Practice and say that you want to start using the online services. If you do not have any ID then either a member of staff will have to confirm your identity or you may have to answer questions about personal information in your GP record.
- 2. Fill in the registration/ consent form given overleaf. Make sure you tick all the services that you want. If you want to see your medical records, please consider the following before deciding.

#### **Misunderstood Information**

Some of the information within your medical record may be highly technical, written by a Specialist and not easily understood.

#### Abnormal results or bad news

You could see something that you may find upsetting, such as test results. This may occur, before you have spoken to a GP, or whilst the surgery is closed.

#### Third party information

Sometimes we receive letters about you that contain information about other individuals, such as siblings, parents or other family members etc. To avoid third party disclosure, you will not be able to view this letter.

#### Keeping your information safe and secure

It is <u>your responsibility</u> to keep your login details and password safe and secure. If you know or suspect that your medical records have been accessed by someone you should change your password immediately and/or contact your practice. If you print out any information from your records, it is also your responsibility to keep this secure. If you are all worried about keeping printed copies safe, we recommend that you do not make copies at all.

#### 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.

#### 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.

3. Once you have signed up, it will take us between 5-10 working days to process your request. We will then send you an E-mail with your unique username, password and instructions on how to logon and use one of the service providers linked to our database. Please note that, at the moment, the full range of services is only provided by Patientaccess and Evergreen life. DIMEC is primarily for repeat prescriptions.

#### **Data protection**

All data is protected using the highest standard internet security; so, you can be sure all your personal information is safe and secure.

### Registration / Consent Form for online access (aged 16 and over)

# Identification must be shown with this completed form, we will be unable to activate your access without providing this information or some other form of identification

Surname														
First name														
Date of birth														
Address (incl. Postcode)														
*Email address														
**Mobile number							ımb	er	_					

\* We will send your registration/logon ID to the email address provided and add it to your medical record.

\*\* By providing your mobile number and/or your email address you are consenting to receiving electronic communications regarding your personal health care from us, which may be deemed confidential.

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

1.	Booking appointments	
2.	Requesting repeat prescriptions	
3.	Accessing my medical records *	

\* I wish to access my medical record online and understand and agree with each statement below:

1.	I have read and understood the information leaflet provided by the practice	
2.	I will be responsible for the security of the information that I see or download	
3.	If I choose to share my information with anyone else, this is at my own risk	
4.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
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	

Signature	Date	
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#### For practice use only

Identify	Photo. ID	Non-Photo. I	D	Verified by:	Date verified:
verified by:	Driving Licence	Utility Bill			
(tick all that	Passport	Bank statement			
apply)	Bus Pass				
Authorised by:			Dat	e authorised:	
Data against					
Date account created:					