**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME** |  | **SURNAME** |  |
| **DATE OF BIRTH^** |  |
| **E-MAIL ADDRESS\*** |  |

^Parents / carers of patients under the age of 14, are able to register for an account on their behalf, using their e-mail address to operate it. At the age of 14 the patient will need to re-present in person to verbally consent to parents / carers using their e-mail address to operate their account, and to sign the below declaration.

Patients turning 18 will have their access automatically withdrawn for accounts that are operated using an e-mail address belonging to anyone other than the patient named on the account.

*From the age of 14, accounts that are operated using an e-mail address belonging to anyone other than the patient named on the account, will only have access to book / cancel Appointments and to order Prescriptions.*

If access to Medical Records is required in this situation, please speak to the practice for more information and see the further details on page two.

**\*For the purposes of, and to protect confidentiality, patients who wish to have an account, but to use an e-mail address belonging to another person, must be present to sign the below declaration and should be aware that all correspondence, including appointment reminders, will be sent to the given e-mail address and will be accessible to anyone using this.**

This applies to patients who are either signing up for the first time or who have previously had their account controlled by an e-mail account belonging to a parent / carer.

|  |
| --- |
| I wish for the above e-mail address, which belongs to INSERT NAME , to be used to operate my account. I understand that any e-mail correspondence for my account will be sent to this address and may be accessed by anyone using this e-mail account. |
| **SIGNATURE** |  |

Please note if a patient under 14 wishes to register for an account, if the Doctor feels that the patient is competent to operate their own account safely, securely and appropriately, then access will be granted. If a parent / carer has previously registered a patient under the age of 14 for GP Online Services using their e-mail address, the parent / carer’s access may be withdrawn if the patient wishes to use their own e-mail address to operate the account themselves and has shown they are competent to operate their own account.

The surgery is able to contact you via text message to, amongst other things, remind you of appointments, invite you to vaccination programs and for cervical screening. This is optional, however it is something that the practice encourages as it helps ***reduce our Do Not Attend (DNA) rate*** by, in particular, reminding patients of appointments they have booked some time ago. If this is something that you would be interested in, and are happy to consent to receiving text messages from the practice, please provide your mobile number below:

|  |  |
| --- | --- |
| **MOBILE NUMBER (Optional)\*** |  |

\*Text messages are sent using a secure facility, however as they are transmitted over a public network onto a personal phone, this may not be secure. Please be aware that text messages sent to this number will be viewable by anyone with access to this mobile number. Bedworth Health Centre commits not to transmit any patient identifiable information via text message and do not share your Mobile Number with any external (non-NHS) organisations. It is your responsibility to inform the practice if your mobile number changes.

**ACCESS LEVELS**

There are various different levels of access to Patient Services as follows:

1. Appointments – This allows you to book, cancel and, by the nature of being able to book and cancel, re-arrange routine Appointments with Doctors, Nurses and Healthcare Assistants (HCA).
2. Prescriptions – You can use this facility to order routine Repeat Prescriptions.

You can now access certain parts of your GP Medical Records. This allows you to take greater control of your health and wellbeing. If this is something that you would be interested in, please see the below:

1. Medical Summary – This allows YOU to view your medication history, allergies and any adverse reactions to medications that you have previously had.\*
2. Detailed Coded Record (DCR) – Further to the Summary, DCR provides more detailed information from your Medical Records such as, amongst other things, test results and details of consultations. \*\*

\*The Medical Summary is the same information as in the ‘Summary Care Record’ (SCR). A SCR is automatically generated for every patient in the country and allows authorised health professionals directly involved in your care, but outside of your surgery, to see the details contained within your Medical Summary. You can opt-out of this at any time. More details on SCR are available in our Summary Care Record forms – please ask staff for a copy. Please be advised that it IS possible to opt-out of the SCR but opt-in to see the Medical Summary.

\*\*If you would like access to your DCR, please ask a member of staff for a copy of our DCR information forms.

Please circle which access you require below:

|  |  |  |  |
| --- | --- | --- | --- |
| **APPOINTMENTS** | **PRESCRIPTIONS** | **MEDICAL SUMMARY** | **DETAILED CODED RECORD** |

Please sign below to confirm all of the details you have specified in this form are accurate and true.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | **PLEASE SIGN HERE** | **DATE** | **XX / XX / XXXX** |

**FOR PRACTICE USE ONLY (PLEASE TICK AND INITIAL)**

|  |  |  |  |
| --- | --- | --- | --- |
| *TASK* | *TICK* | *INITIAL* | *DATE* |
| **PHOTO ID SEEN – PLEASE SPECIFY ID SEEN HERE** |  |  |  |
| **PROOF OF ADDRESS SEEN – PLEASE SPECIFY POA SEEN HERE** |  |  |  |
| **E-MAIL ENTERED AND VERIFIED** |  |  |  |
| **END DATE ENTERED (IF APPLICABLE)** |  |  |  |
| **MOBILE NUMBER ENTERED AND VERIFIED (IF APPLICABLE)** |  |  |  |
| **END DATE ENTERED (IF APPLICABLE)** |  |  |  |
| **ID DOCUMENTS ENTERED** |  |  |  |
| **ONLINE ACCOUNT CREATED** |  |  |  |
| **#91B ENTERED** |  |  |  |
| **#9NdP ENTERED (IF APPLICABLE)** |  |  |  |
| **#934400 ENTERED (IF APPLICABLE)** |  |  |  |
| **FORM SCANNED TO NOTES** |  |  |  |