

Online Services –Standard & Proxy Access

You can book, cancel and view appointments, as well as order your repeat medication online, and access your medical records online. You will need to choose which services you wish to access, as well as how you access them.

It is strongly recommended that you read the information sheet provided with this form.

There are a number of options available for online access. The preferred way is to register using the [NHS App](#). The App is available to anyone who has a smartphone or tablet, and is over 13. If you wish to use the NHS App, you can self-register for online access to appointments and prescriptions. If you wish to access your online medical record, you will need to complete the form overleaf.

If you cannot use the NHS App, some of the other choices available including Patient Access. To request your details to access any of these additional options, **please complete the form overleaf and bring the completed form and ID into the surgery**. One of the IDs will need to be a valid photo ID, such as a passport or driving license. The other will need to be proof of address, such as a utility bill from within the last 6 months, or a bank statement. This will be needed for each individual wishing to register, regardless of whether you have shown the surgery ID before.

We ask for this documentation because this process will grant you access to your confidential medical records, and we want to ensure we are only doing this for the right person.

Upon completion of this form, your request will be reviewed by the practice. If there is any reason why your request is declined, your GP will put this in writing to you. Otherwise, you will be issued your access codes by email. Please allow up to 28 working days for your request to be processed, although prescription and appointment access is generally processed within 5 working days.

Please be aware, if you have only recently registered with the practice, the medical record details available to you may be limited until we receive your paper notes to put on the system.

If you are aged 16+ and want to register for your own access please complete the “Standard Access” form attached.

If you are aged 16+ and want to have a representative manage your account on your behalf please complete the “Proxy Access Part 1 & Part 2” forms.

If you are a parent/guardian of a patient aged 0-10 and want to access their account please complete the “Proxy Access Part 1” form ONLY.

If you are aged 11-15 and want to register for your own access, please complete the “Standard Access” form. Please note that this will be down to the GP to approve that you qualify for your own access. Online access is not always available to patients within your age group.

If you are aged 11-15 you can only have proxy access under specific circumstances. This is down to the GP to approve. Please complete the “Proxy Access Part 1” form ONLY. Online access is not always available to patients within your age group.

Online Access to Medical Records: Patient Information

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way

as before. This decision will not affect the quality of your care. Your unique login details ensure that only you are able to access your record – unless you choose to allow “proxy access” to a family member or carer. 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 as soon as possible so that we 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.

Things to consider

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 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 information safe and secure. 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 technical 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, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure:

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

For more information on the NHS App visit: <https://www.canterburymedicalpractice.nhs.uk/the-nhs-app>

STANDARD ACCESS FORM:

Please complete the form **clearly** and in **BLOCK CAPITALS** to request access to online services

I wish to register for appointments and prescriptions online:

Forename:	Surname:
Date of Birth:	

Parents / guardians can register on behalf of their children under 11. However, when a child turns 11, they will be automatically de-registered and written to explaining why. They will then be able to re-register using their own contact details, or should they choose to, their parent / guardian's email address.

Email address:	Home telephone number:
Mobile telephone number:	Work telephone number:

By providing your email address / mobile phone number, you consent to the surgery using it to communicate with you regarding your healthcare. It will not be shared with any other companies, and you can opt out of Online Services and communication by email / SMS at any time by contacting the surgery.

PLEASE REMEMBER IT IS YOUR RESPONSIBILITY TO KEEP THE SURGERY INFORMED IF YOUR EMAIL ADDRESS OR TELEPHONE NUMBERS CHANGE.

I request access to the following services online:

(Please tick each section you would like access)

- Appointments Immunisations Medical Records Results
 Documents Repeat Prescription Consultations

In addition to the above, I understand and agree with each statement below (tick):

I have read and understood the information overleaf provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the passwords / pin numbers in relation to my online account	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>
I understand and agree that the practice has the right to remove my online access to any part of the Online Services if they are not used responsibly	<input type="checkbox"/>
I understand that the rules surrounding Online Services may change at any time	<input type="checkbox"/>

I have read and understood the information above and would like to request access to the online services.

Signed	Date

PROXY ACCESS FORM (Part 1):

Please complete the form **clearly** and in **BLOCK CAPITALS** to request access to online services

To be completed by the REPRESENTATIVE:

I (name of representative) wish to have online access:

Forename:	Surname:
Date of Birth:	Relationship:
Email address:	Home telephone number:
Mobile telephone number:	Work telephone number:

By providing your email address / mobile phone number, you consent to the surgery using it to communicate with you regarding your healthcare. It will not be shared with any other companies, and you can opt out of Online Services and communication by email / SMS at any time by contacting the surgery.

I wish to have proxy access for:

Forename:	Surname:
Date of Birth:	

For the following services:

(Please tick each section you would like access)

- Appointments Repeat Prescription Medical Records Results
 Documents Immunisations Consultations

PLEASE REMEMBER IT IS YOUR RESPONSIBILITY TO KEEP THE SURGERY INFORMED IF YOUR EMAIL ADDRESS OR TELEPHONE NUMBERS CHANGE.

In addition to the above, I understand and agree with each statement below (tick):

I understand my responsibility for safeguarding sensitive medical information	<input type="checkbox"/>
I will not disclose the log in details or allow access to anyone else or any third party	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>
I confirm that I have discussed the implications of my accessing the records with the patient and shown them the information form.	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>
I understand and agree that the practice has the right to remove my online access to any part of the Online Services if they are not used responsibly	<input type="checkbox"/>
I understand that the rules surrounding Online Services may change at any time	<input type="checkbox"/>

I have read and understood the information above and would like to request access to the online services.

Signed	Date

PROXY ACCESS FORM (Part 2):

Please complete the form **clearly** and in **BLOCK CAPITALS** to request access to online services

To be completed by the PATIENT (16+ ONLY):

I (the patient) wish to give permission for proxy access to my account:

Forename:	Surname:
Date of Birth:	

I wish to give permission for proxy access to:

Forename:	Surname:
Date of Birth:	Relationship:

For the following services:

(Please tick each section you would like access)

- Appointments Repeat Prescription Medical Records Results
- Documents Immunisations Consultations

I understand and agree with each statement below (tick):

I reserve the right to reverse any decision I make in granting proxy access at any time.	<input type="checkbox"/>
I understand the risks of allowing someone else to have access to my health records.	<input type="checkbox"/>
I have read and understand the information leaflet provided by the practice	<input type="checkbox"/>

I have read and understood the information above and would like to request proxy access to my onlineservices.

Signed	Date

STAFF USE ONLY

Reception Staff: Review registration form and complete the appropriate sections below:

Standard Access:

Proxy Access:

Form Completed?	<input type="checkbox"/>
Services Ticked?	<input type="checkbox"/>
Consent Ticked?	<input type="checkbox"/>
Signed & Dated?	<input type="checkbox"/>
Patient Photo ID Seen?	<input type="checkbox"/>
Type: Seen By:	
(If for medical records): Address ID Seen?	<input type="checkbox"/>
Type:	
Date of letter:	
Seen By:	

Part 1 Form Completed?	<input type="checkbox"/>
Services Ticked?	<input type="checkbox"/>
Consent Ticked?	<input type="checkbox"/>
Signed & Dated?	<input type="checkbox"/>
Part 2 Form Completed? (16+)	<input type="checkbox"/>
Services Ticked? (16+)	<input type="checkbox"/>
Consent Ticked? (16+)	<input type="checkbox"/>
Signed & Dated? (16+)	<input type="checkbox"/>
PATIENT ID Seen? (doesn't have to be photo ID)	<input type="checkbox"/>
Type:	
Seen By:	
REPRESENTATIVE Photo ID Seen?	<input type="checkbox"/>
Type:	
Seen By:	
(If for medical records): REPRESENTATIVE Address ID Seen?	<input type="checkbox"/>
Type:	
Date of letter:	
Seen By:	

Once this section is completed please put into tray on Sophie's Desk

(The information part contained in the first two pages of this document is to stay with the patient)

Admin Staff: Task GP & record review of the patient's record.

Medical Record Permission Granted	Name of who Reviewed Patients Notes	Date Reviewed
If Permission was NOT Granted, Please give a brief reason why?		

If permission has been granted, add the 'electronic records verified' code and amend the patients DCR details in Registration.

If permission has been declined, write to the patient to inform them of this and why.

Online Services Status Updated or Letter Sent	Actioned By	Date Actioned