**ALASTAIR ROSS MEDICAL PRACTICE**

**Access to GP online services**

**Section 1**

Full name …………………………………………………………………………

Date of birth ……………………………………

Address ……………………………………………………………………………

………………………………………………………………………………………

Post code ………………………..

Email address …………………………………………………………………..

Telephone number ……………………………………………………………..

Mobile number ………………………………………………………………….

|  |  |
| --- | --- |
| Signature of patient | Date |

**Section 2**

|  |  |
| --- | --- |
| 1. Online appointments booking
 | 🞏 |
| 1. Online prescription management
 | 🞏 |
| 1. Access to medical records (detailed coded records - DCR)
 | 🞏 |

**Section 3**

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements:

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet (It’s Your Choice)provided by the practice and agree that I will treat the patient information as confidential
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement
 | 🞏 |
| 1. If I see information in the record that is not about me or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about me as being strictly confidential
 | 🞏 |
| 1. If I choose to share my information with anyone else this is at my own risk
 | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

**For practice use only**

|  |  |
| --- | --- |
| The patient’s NHS number |  |
| ID verified by (staff initials) | Date | Method of verificationVouching 🞏Vouching with information in record 🞏 Photo ID and proof of residence 🞏 |
| Read codes   #91B  #93440   | Staff initials |
| Date account created  |
| Level of record access enabled  Contractual minimum √ | Notes / comments  |
| Date form scanned to patient records | Staff initials |