

Rosebank Health

Access to Online Patient Services (Appointments, Prescriptions, Records)

You can now use the internet to book appointments, request repeat prescriptions and view some of your medical records. This includes immunisations, test results, allergies, diagnoses and your appointment history.

After submitting the attached form and providing the necessary identification, you will receive an email explaining how to register for Patient Services Online. You will be asked to create a username and password to ensure only you are able to access this service, unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

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, 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.

If you wish to register, please complete this form and return it in person with your proof of address and photo ID to either Rosebank or Severnvale Surgery. The types of acceptable ID are detailed on the form. This proof will need to be brought in by yourself and not anyone else, such as a member of your family.

Children under the age of 13 can be registered to a parents email address although this will expire on their 13th birthday, where they will have to register themselves. Children between the ages of 13-16 must register themselves.

The ID requirements are set by the government at a high level in order to protect patient confidentiality. The surgery must abide by these requirements. If you cannot provide the necessary ID, please email the surgery using: rosebank.admin@nhs.net.

Surname	Date of birth				
First name					
Address					
Postcode					
Email (please complete in block capitals and ensure it is clear which characters are letters and number e.g. 0 and O)					
Phone number	Mobile				

Please select the online Patient Services you would like access to: ☐ Book appointments online and request my repeat prescriptions ☐ View my medical records (this may take longer to arrange as GP review is required)						
I understand and agree with each statement below:						
I have read and understood the information leaflet provided by the practice						
2. I will be responsible for the security	of the inf	ormation th	at I see or c	download		
3. If I choose to share my information	with anyc	ne else, thi	s is at my o	wn risk		
 I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement 						
If I see information in my record that as soon as possible	t is not al	oout me or i	s inaccurate	e, I will contac	t the practice	
Signature		Date	Date			
RECEPTION use only: Please put an 'A' next to the documents you have seen as proof of address and a 'P' next to the documents you have seen as Photo ID.						
IDENTIFICATION REQUIREMENTS		Level 2			A/P	
IDENTIFICATION REQUIREMENTS You will be required to bring either two documents	from Level	National 60	•			
3, or one from Level 3 and two from Level 2. One of these		Marriage Ce	Marriage certificate			
will be required for proof of address and one will be	e required		ion Certificate	<u> </u>	_	
for photo identification.			DBS Certificate			
Level 3	A/P		Mobile telephone contract account Building insurance			
Passport	A/P	Contents in				
Driving license		Council tax				
Bank savings account		Fire brigade ID card				
Buy to let mortgage account		Non-bank savings account				
Mortgage account		Firearms Certificate				
Building society/retail current account		HMG document				
Armed forces ID		UK asylum seekers Registration Card				
Proof of age card Secured loan account		Unsecured personal loan Education certificate				
EEA/EU Gov. issued identity cards		Property rental or purchase agreement				
Northern Ireland Voters card		Police warrant card				
Identity Verified by	I	Date				
(Receptionist Name)						
GP use only:						
Allow Patient access to their online medical record □		GP name & signature				
DON'T Allow Patient access to their online medical record □		Date				
If access to online medical records is refused pleas	se state wh	y:				
An appointment with you will be offered to discuss	your reaso	ning and to re	view the patie	ent's record with t	hem	
IT and Admin use only			Date	Staff Nan	ne	
Online account for script, apps and bookings created and email sent to pro-		ail sent to pt				
DCR access request sent to GP						
DCR access activated						
Email sent to patient to confirm DCR access activated						