

(1) Patient Online Registration Form Access to GP online services

Please fill in and bring to the surgery with Identification proof to complete registration

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number For text reminder	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>
4. Accessing Test results	<input type="checkbox"/>
5. Text reminder	<input type="checkbox"/>

(3) Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

(4) Patient Data Protection Consent Form (General Data Protection Regulation (GDPR) Requirements

I hereby consent to information relating to me being collected and processed by Pinfold Medical Practice in order that it may carry out its duties rights and obligations in provision of my health and social care under GDPR. I confirm I have received the terms and conditions associated with GDPR and the provision of Patient online services.

Patient Signature	Date
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For practice use only

Patient NHS number	Practice computer ID number		
Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Authorised by			Date
Date account created			
Date password sent			
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>	Notes/Explanation		

Patient Access to Clinical System - Terms & conditions

The following Terms and Conditions must be agreed by the patient applying for their own access. Agreement to all online services including GDPR (data protection) must be signed for on page 1 of this document before the patient is allowed to access clinical system direct on-line facilities, such as ordering, appointment booking or personal profile updates.

These terms and conditions should be retained by the patient for their reference.

Terms and Conditions

- To apply for online access to the Practice's Clinical System, patients must complete the declaration below and return this form to the practice manager.
- Applications are 'one per patient'. Acceptance of one member of a family does not imply acceptance of other/further family members
- Applications for online access will not be considered for patients who are under the age of 16
- Where access is granted passwords will only be released direct to the patient and not to a parent (in relation to patients 16-18years) or other third party. Where a parent or other person requires access to the system to book an appointment or deal with the affairs of the minor, it is acceptable for the minor to provide the password to the third party. The practice will not provide access detail directly.
- Where access is refused this will be in writing. A reason will only be given at the discretion of the partners
- Where a minor requests a change of password (perhaps to alter access) this will be granted at the discretion of the partners.
- Patients with a history of none-attendance at pre booked appointments (without cancelling) will not normally be granted access to the online appointment booking, however the remainder of the facilities will be considered
- Online appointments booked are to be cancelled by the patient as soon as it is determined that it is no longer required
- The practice will not allow the misuse of the online system and will monitor usage by individual patients, Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued. Where the situation does not improve or recurs access will be removed permanently and without further notice, at the discretion of the partners.
- Repeat Prescriptions may only be ordered where these appear on the repeat list, which is provided to the patient on the tear off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items ordered or requested using this facility will not be actioned and no contact will be made with the patient. Prescriptions ordered outside this guideline must be via reception staff
- Personal Information Updating is subject to validation after submission. Patients moving outside of the practice area will be removed from the practice list in the usual way
- Approved access requests will be notified along with access instructions and a copy of these Terms and Conditions.

PATIENT DATA PROTECTION CONSENT FORM

General Data Protection Regulation (GDPR) Requirements

I hereby consent to information relating to me being collected and processed by (Pinfold Medical Practice) in order that it may properly carry out its duties: rights and Obligations in provision of my health and social care under GDPR I understand that such processing will principally be for administrative and healthcare purposes.

- I understand that appropriate personal information sharing is an essential part of the provision of safe and effective multi-disciplinary care. I consent to relevant personal information being shared with the direct care team providing my care.
- I understand that information about me shall include some information of a sensitive personal nature including information concerning: Name, Address, NHS Number, Medical Conditions, Medications
- I also understand that the term 'processing' includes the obtaining, recording or holding of information or data or carrying out any operation or set of operations on the information or data, including organising: altering, retrieving consulting using, disclosing, combining: or destroying the information or data.
- I confirm I have read and understood the Data Protection Policy (GDPR) and the Privacy Statement and the description of the type of data collected and processed by (Pinfold Medical Practice), I consent to the collection and processing of such data.
- I also confirm that I understand my right to view any personal data kept by (Pinfold Medical Practice) and the procedure for exercising that right.
- **I confirm my approval for all above GDPR requirements by Pinfold Medical Practice by signing on page 1 for section 4.**