

Fitzalan Medical Group
Patient Registration Form
SystemOnline Services

Patient 's Details <i>(please print clearly)</i>	
Surname	
First Name	
Date of Birth	
NHS Number <i>(if known)</i>	
Full Address <i>(inc. postcode)</i>	
Mobile Number	

I would like to register for online appointments and repeat prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to receive appointment reminders by text	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to access my Summary Care Record online	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that I give permission for the Practice to register me for online services and to communicate via the agreed method above.	
Signature	
Date	

Fitzalan Medical Group

Consent for Online Access to Medical Records

You can now view your GP medical record online.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up and operate the service.

The following form will take you through the things you need to think about. By signing the attached consent form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

At the moment you can view allergies and adverse reaction, acute medications, current repeat medications and discontinued repeat medications. In the future more detailed information may become available; you will not need to sign another access form.

Declaration (please delete responses as appropriate):

I agree to my GP practice giving me access to my record online.	YES/NO
I have read and understood the information about access to GP medical records.	YES/NO
I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES/NO
If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES/NO
I agree that it is my responsibility to keep my username and password secure. If I think these have been shared inappropriately I will reset them by contacting the practice. I am also responsible for keeping safe any information I may print from my record.	YES/NO
I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES/NO
I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. <i>Please note, this does not affect your rights of Subject Access under the Data Protection Act.</i>	YES/NO

Other considerations

<i>The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.</i>	
If I notice any inaccuracies with my record, I will inform a senior member of staff as soon as possible of any errors or omissions.	YES/NO
I understand that I may see information on my record that I was unaware or have forgotten about that could cause distress.	YES/NO

I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may, in the future, see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES/NO
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Please remember to keep all your account details secure. If you think your account details may have been shared you should reset them straight away by contacting the surgery. If you have any queries or concerns about the service or wish to withdraw from the service please contact the surgery.

For practice use only:

List ID Checked	Whom by	Date
Authorised by GP		Date
Patient Access Activated by		Date