CHISLEHURST MEDICAL PRACTICE

PATIENT ACCESS REGISTRATION FORM

MAKE APPOINTMENTS, REQUEST REPEAT PRESCRIPTIONS & VIEW YOUR MEDICAL RECORD ONLINE

Once you are registered for the Patient Access System you are able to; - make appointments, request prescriptions and view your GP medical record online. The Patient Access medical record viewer allows you to look at test results, details of consultations and your medical history, including current and past medication.

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 provided below to set up and operate the service. **You will need to provide two forms of ID;- one form of photographic ID e.g. Passport or driving licence AND one form of non-photographic ID e.g. utility bill, benefits letter , bank card etc.**

The following form will take you through the things you need to think about. By signing this form you accept the declarations listed below and will be giving us your permission to go ahead with setting up the service for you (subject to your specific access requests). If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.

Conditions of Use and Declaration (please read the following and sign to accept):

1. I have read and understood this information leaflet about this service and access to GP medical records.

2. 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 If not, access may be withdrawn.

3. 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.

4. I agree that it is my responsibility to keep my username and passwords secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.

5. 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.

6. If I notice any inaccuracies with my record, I will inform the Practice Manager as soon as possible of any errors or omissions.

7. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.

8. 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 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.

KEEP THIS PAGE FOR REFERENCE

NEW APPLICANTS

PATIENT ACCESS REGISTRATION FORM
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PATIENT DETAILS AND DECLARATION
Full Name of Patient:
Date of Birth:
Full Address
Postcode:
Contact Tel number:
E-Mail Address:
PARENTS/GUARDIANS
Patient Access is only available for children aged 13 years and over unless the child has a special requirement for Access which will be granted with the consent of the GP.
If you are requesting access on behalf of a child (up to 13 years) or for a patient for whom you have legal responsibility please give your details below:
Name of Parent/Guardian: _____
Address of Parent/ Guardian:
Contact Tel Number:_____
Relationship to patient: _____

I have NOT yet registered and wish to request login details and a password to use PATIENT ACCESS ☐
TICK HERE IF YOU ALSO WANT ACCESS TO THE MEDICAL RECORD VIEWER☐
I confirm that
☐I am the patient detailed above
☐Please email my exclusive PIN to……..
Individual Photo ID Seen and checked
Passport/Driving Licence/Other please specify
……

☐I am the legal parent/guardian of the child named above and the child is under 13.
Or
☐I have legal responsibility and consent to access the record of patient named above
All Applicants I have read and accept the conditions of use

Signed: _____ Date: _____

For Office Use Only
Emis No:
Date
Agreed by GP Yes/No Signed…….
ID Seen: Passport / Driving Licence / Other (Please specify)……
Taken by:
Actioned: Yes/No