

Application for Online Services – Over 16s ONLY

BAY MEDICAL GROUP

ONLINE SERVICES APPLICATION FORM (OVER 16's ONLY)

Communication within the NHS is important to ensure that those who are caring for you have enough information to treat you safely. Traditionally, health professionals exchanged medical information through letters but in the modern age of computers, electronic exchange of information has become increasingly common-place.

Bay Medical Group takes the responsibility for your confidential medical information very seriously. Please take time to review the questions and considerations below.

I am completing this form for myself

I am a carer completing this on behalf of a patient

2 forms of ID will be required at reception once form has been completed, one must be photographic and one must confirm your address.

DECLARATION	
I agree to my GP practice giving me access to my record online	YES <input type="checkbox"/> NO <input type="checkbox"/>
I have read and understood the information leaflet about access to GP medical records.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 If not access may be withdrawn.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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
I agree that it is my responsibility to keep secure my username and password. If I think these have been shared inappropriately I will reset them. I am also responsible for keeping safe any information I may print from the record	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
If acting as a carer for a patient with record access, I agree to inform the practice immediately if I no longer have responsibility for the patient's care.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Considerations	
Though we endeavor to record information as accurately as possible there may be information that you do not feel is correct.	
If I notice any inaccuracies in the record I will inform the practice as a possible	YES <input type="checkbox"/> NO <input type="checkbox"/>
I understand that I may see information on the record that I was unaware of or have forgotten that could cause distress.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I understand that I will be informed by the practice of any test results which require further action when I contact the surgery. I understand that I may see these results online before the practice has been able to contact me.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Application for Online Services – Over 16s ONLY

PATIENT DETAILS			
Title	Mrs/Miss/Ms/Mr/Mx		Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname		Forename(s)	
Address			
Postcode		Date of Birth	
NHS number		Email	
Home Tel. No.		Work Tel. No.	
Mobile Tel. No.		Please ensure you inform the surgery of any changes	
<p>Online Services - Bay Medical Group offers Patient Online Services for booking GP appointments, ordering repeat medication and also viewing your medical records online. You can <i>only</i> apply for yourself and must be aged 16 and over or if you care for someone, you must have their written consent or hold Power of Attorney (proof required).</p>		<p>Which online services do you require?</p> <p>Appointment Booking <input type="checkbox"/></p> <p>Prescription Ordering <input type="checkbox"/></p> <p>Viewing Medical Record <input type="checkbox"/></p>	
Declaration:			
<ul style="list-style-type: none"> I understand that I am responsible for registering myself for Patient Online Services with the registration details provided. I understand I am responsible for securing my log in details to prevent unauthorised persons from accessing my account online. In the event that my security details have been compromised I will inform the Practice immediately so that access can be blocked and a new password issued. If at any time I wish to permanently cease Internet access I will inform the practice in writing. I understand that my record will be reviewed by my GP first and that the process of activation can take up to 4 weeks to process at peak holiday times. 			
Signature (Patient/Carer)		Date	

Please complete if you are a Carer completing this form on behalf of a patient:			
CARER DETAILS			
Title	Mrs/Miss/Ms/Mr/Mx	Forename(s)	
Surname		Date of Birth	
Address			
Postcode			
Home Tel. No.		Email	
Mobile Tel. No.		Work Tel. No.	
<p>Has the patient given authority for the carer to access patient's records? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no authority, this application will not be processed</i></p>			
Yes, Please see written patient consent attached <input type="checkbox"/>			
Please specify other authority e.g. Lasting Power of Attorney <input type="checkbox"/>			
Details:			
Signature (Carer)		Date	

Thank you for completing this questionnaire. Please bring your ID and hand this form to Reception.

Application for Online Services – Over 16s ONLY

TO BE COMPLETED BY RECEPTION				
Proof of identity	Passport <input type="checkbox"/>	Identity card <input type="checkbox"/>	Photo Driving license <input type="checkbox"/>	Other <input type="checkbox"/>
Proof of address	Utility bill <input type="checkbox"/>	Bank statement <input type="checkbox"/>	Tenancy agreement <input type="checkbox"/>	Other <input type="checkbox"/>
Photocopied by Reception	Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport/Driving License No.		
Name of staff member:			Date:	
Signature of staff member:				

FOR INTERNAL USE ONLY:

- Reception - please pass this form to the Scanners.
- Scanners - please scan and then send to the IT Team.