

HOPE HOUSE SURGERY

Application to use online services

Please read our explanatory leaflet and then complete this form. Thank you.

Surname	Date of birth
First Name	
Address	
Email address	
Telephone number	Mobile number

PART ONE: Online access to book/cancel appointments and order repeat prescriptions

I wish to use Hope House online services to: (please tick)

1. Book or cancel doctors appointments	<input type="checkbox"/>
2. Request repeat prescriptions	<input type="checkbox"/>

PART TWO: Only complete this section if you wish to have online access to view your coded records (which will be from the date your GP authorises access)

3. I wish to have online access to view my coded medical record entries	<input type="checkbox"/>
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PART THREE: Your agreement

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

➤ I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
➤ I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
➤ If I choose to share my information with anyone else this is at my own risk	<input type="checkbox"/>
➤ 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"/>
➤ If I see information in my record that is not about me or is inaccurate I will contact the Practice as soon as possible	<input type="checkbox"/>

Your Signature	Date
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PROXY/REPRESENTATIVE ACCESS Some patients need to arrange for a second person to have access to their records to use the above services on their behalf. This is called proxy access. For example this may be a partner, parent of a child under 12, a family member or carer. To have proxy access the proxy/representative must have their own online access account with us. If you would like to arrange this please ask our receptionist for a PROXY ACCESS application form.

For practice use only

Patient identity verified by (initials/Receptionist)	Date	Method Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>
Authorised by (GP): Any GP notes/restrictions:	Date	
Level of access to record enabled:		
Booking appointments	<input type="checkbox"/>	
Repeat Medication	<input type="checkbox"/>	
Summary Care Record	<input type="checkbox"/>	
Coded Entries	<input type="checkbox"/>	
Date on-line account created:		
Date user name e-mailed and password posted		
Pt plan created / completed		