Consent for access to GP online services –Access for patient themselves 13 years and over

Online access will allow you to book appointments, where they are available, view summary information, order repeat prescriptions and have access to your electronic medical record. Electronic medical records are authorised by a GP following a request and access to this may be revoked if it is deemed necessary.

Children aged 13- under 16 years: Online access is dependent upon a Gillick Competency Assessment, this will be carried out by a clinician. Where deemed to be not competent then access will be declined, this can be reviewed at a later date to determine if child competency has changed. Should access be declined a representative can request proxy access.

I consent to register for online services at Hollyns Health and Wellbeing. I accept that it is my responsibility to keep my login details safe and to notify the surgery if I think someone has gained access to my registration details.

Name (please print) ……

Date of birth (for identification purposes) …….

Email address & mobile number (may be used for password resets):

Email …….

Mobile: ……..

Please select which services you would like:

1. **Online appointments booking** ☐
2. **Online prescription management** ☐
3. **Summary record access** ☐

I understand my responsibility for safeguarding sensitive medical information and I agree with each of the following statements:

I am responsible for the security of information viewed or downloaded	☐
Sharing of information with anyone else is at my own risk	☐
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my authorisation	☐
If I see information in the record that is not about myself or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about myself as being strictly confidential	☐

I am responsible to inform the practice if I change my contact details (address/mobile/email)	☐

Signature of patient	Date

For practice use only

Method of verification

Two forms of documentation including Photo ID ☐

Please state what forms of ID have been presented:

……

……

Vouching personal (know the patient by sight) ☐

Vouching with information in record ☐

Security information obtained:

1) ……..

2) ……..

3) ……..

Identity verified by (staff name)	Date