

OAKLEY HEALTH GROUP

Registration form to GP Online Services (over 16s only)

Please complete this form and bring it to reception with photo ID. This service is generally for patients aged 16 years and above. **11-15 years: Make routine appointment with own GP to discuss & complete this form***. **Please note:** If you use a **shared email address** for this service be aware your online medical information may be accessible by those other users.

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Updating my contact details (demographics)	<input type="checkbox"/>
Secure online access to my GP detailed coded medical record	<input type="checkbox"/>

I wish to access 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"/>

Signature	Date
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For Reception use only

Patient NHS number	EMIS ID number	Usual GP
Identity verified by (FULL NAME)	Date	<input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record (eg 11-15 years*) <input type="checkbox"/> Proof of residence <input type="checkbox"/> Photo ID: Passport/DVLA (circle) <input type="checkbox"/> Email address verified <input type="checkbox"/> Advised Patient practice will contact them to collect PIN
Sign		

For PFS Admin Team use only:

ALL: Date account created	11-15 years: Code EMISNQCO278 "Competent to consent to online access" ALL: Code 9Rb added (circle) YES	Contact Patient PIN ready → Scanning
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If Patient has requested access to online medical record - then complete below:

Date Patient Registered:	Date Patient Notes were summarised:	Info needed for GP
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Pass to Scanning Team to workflow to GP to authorise

Docman: GP will Authorises Access	PFS Admin Workflow Group to enable & add code EMISNQPA179 "Patient has online access to primary care record"
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