



PRIORY AVENUE SURGERY

2 PRIORY AVENUE
CAVERSHAM
READING
RG4 7SF

Application for online access to my medical record

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

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. 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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number
Identity verified by (initials)	Date	Photo ID and proof of residence – Please specify
Date account created		
Date passphrase sent		
Read Code Added for DCR – EMISNQPA179		<input type="checkbox"/>
Level of record access enabled	Notes / explanation	
Appointments <input type="checkbox"/>		
Repeat Prescriptions <input type="checkbox"/>		
Detailed Coded record <input type="checkbox"/>		

Authorised by	Date
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Terms and Conditions of Use

1. Registration forms will only be given to patients on an individual basis. Registration for other family members may be requested, and the relevant documentation will be produced and forwarded directly to the patient via the postal system. This does not apply to children aged under 16.
 2. Registration and identity verification must be authorised and carried out by a member of the Practice Staff.
 3. Patients must provide two forms of identification to confirm their identity. At least one should contain a photo of the individual. Any two of the following documents are acceptable: passport, driving license, or a bank statement/ utility bill dated within the last 3 months.
 4. Patients decide their own password and it is their responsibility to keep this secure. If the password is disclosed to another party to book appointments on the patient's behalf, this remains the responsibility of the named patient.
 5. As the patient I understand that if I share my access details with anyone else, I am at risk of sharing personal confidential information.
 6. If a patient thinks they may be pressured into revealing details from their patient record to someone else against their will, it is best not to register for access at this time.
 7. Patients are asked to use the on-line booking system sensibly and with consideration for others needing appointments. Only two appointments may be booked at one time.
 8. Please remember to cancel appointments with reasonable notice, so that they can be offered to others. Patients who repeatedly cancel appointments, without reasonable notice and without good reason, will have their access stopped.
 9. Patients wanting access to their previous 6 months of medical record and test results should be aware that they may see something that they may find upsetting. This may occur before they have spoken to a doctor or while the surgery is closed.
- Please note that in order for you to access your medical records this must be authorised by a GP so please allow 14 days for this to be activated.***
10. Patients are asked if they spot something in their record that is not about them or any other errors; they should log out of the system immediately and contact the practice as soon as possible.
 11. The practice will monitor usage of the system. If a patient is found to be abusing this practice policy, registration will be cancelled and the patient informed of the reason why.
 12. Priory Avenue Surgery does not have control of the Patient Access site and will not accept responsibility for any operational problems with that site. We are happy to pass on to Patient Access any problems experienced on the site.
 13. In the event of operational problems with the Patient Access site, please contact the Practice by phone or in person to book an appointment. If you require a prescription you will have to drop in a medication request form or the right hand side of your last prescription.
 14. Patients will be expected to give **48 working hours'** notice for the processing of repeat prescriptions.

Please ensure you have read and understood the Terms and Conditions of the Patient Access service before completing the registration form overleaf.