**Penny Lane Surgery**

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**ONLINE PATIENT ACCESS**

**Please complete this form to enable us to set you up with online patient access. You are also required to confirm your identity by providing two forms of ID (one must be photographic) when completing this form.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (PLEASE WRITE IN CAPITAL LETTERS):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the above details correct? You will be unable to order repeat medications, book and cancel your appointments and view some of your medical records online if the above information is incorrect.

**Please use the box below to inform us of any changes to the above information.**

**Please give details:**

**My name has changed**

**My address has changed**

**My contact number has changed**

**My email address has changed**

Your online registration will take 48 hours to process. We will then post your online account details to the address you have confirmed above. This letter will have instructions on how to set up your account.

Please tick below to confirm which parts of your medical record you would like to access;

* **I would like to be able to order repeat prescriptions online**
* **I would like to be able to book and cancel routine appointments online**
* **I would like to be able to update my contact details online**
* **I would like to be able to view my medical records (test results / coded information / allergies / problems online**

**Please be aware that your online account details are your responsibility. Penny Lane Surgery cannot be held responsible for any loss or damage as a result of your account details and/or password being used to access your online account.**

This facility is only available to patients aged 16 or over due to patient confidentiality.

Please answer the below questions;

|  |  |
| --- | --- |
| When accessing your medical records online, there may be instances when you may read some information that could be shocking / upsetting. You may also see test results and / or hospital letters before your GP has had chance to action. What would you do if this happens and you cannot speak to your doctor / nurse / Practice immediately? Tick any that you feel apply;   * Arrange an appointment to speak to a clinician at the earliest convenience * Look at the recommended self-care websites <http://www.nhs.uk/selfcare/> * If the practice is closed, wait and contact the practice the next working day * Panic/worry * Contact NHS 111 to get more information/advice * Go to A&E for further help/advice | |
| Blood test results – If your results are normal then you can continue as before. If the results are abnormal and require action, we will contact you to make an appointment. Do you accept this arrangement? | YES/NO |
| Sometimes information may be recorded that is incorrect or you may believe information is missing. Would you inform the practice so that your records can be corrected? | YES/NO |

Please sign and date below to confirm you have read and understood the above information and you consent to Penny Lane Surgery setting up your online account which will enable you to order your repeat prescriptions, book/cancel your appointments and view a summary of your medical records online.

**Signature:** ………………………………………………………………………………………….…

**Printed Name:** ………………………………………………………………………………….……

**Date:** ……….……………………………………………………………………………………….…

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**STAFF ONLY:**

TWO FORMS OF ID SEEN (ONE MUST BE PHOTOGRAPHIC): Yes: No:

STAFF INITIALS AND DATE: …………………………………………………………….………….