Sidcup Medical Centre
Online Services Registration Form

SECTION A – THE PATIENT

Patients aged 16 years and older can register for full online services by completing the form below and returning it to reception in person, along with a valid form of photo ID.

If you are applying for proxy access to a patient with a **Lasting power of Attorney (LPA)** or, **Court of Protection Order (COP3)** please complete 'Section A' with the patients details, and 'Section B' with your (the Attorney / Deputies) details.
Please return the completed form to reception, along with your photo ID and a copy of the LPA, or COP3.

Patient's Details ☐ **Patient has an active LPA or COP3.** Access Code:_____

Surname		Date of Birth	
First name		NHS Number	
Address			
Email address **(unique, must not be shared by any other user)**		**(optional if also completing Section B)**	
Telephone		Mobile	

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

1	View past and Future Appointments		☐
2	Request repeat prescriptions		☐
3	Demographic Information (View and Update Contact Details held by the practice)		☐
	Access to medical records; (please tick all that apply)		
4a	Core Summary Care Record (View Medication and Allergy records)		☐
4b	Detailed Coded Records	From Date Of Online Services Registration	Including Freetext
	Laboratory / Imaging Test Results	☐	☐
	Documents	☐	☐
	Immunisations	☐	☐
	Problems	☐	☐
	Consultations	☐	☐
	OR:		
X	**No Care Record Access**		☐

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	☐
2	I will be responsible for the security of the information that I see or download	☐
3	If I choose to share my information with anyone else, this is at my own risk	☐
4	If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
5	If I see information in my record that is not about me or is inaccurate, I will complete an 'Individual's Rights' form (also available at reception) and contact the practice as soon as possible	☐
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	☐

Signature	Date

For practice use only

Patient Identity verified by;	Date		**Patient**	**Representative** (If needed for Section B)
Method	Photo ID	Current signed passport	☐	☐
		EEA member state identity card	☐	☐
		Current UK or EEA photocard driving licence	☐	☐
		HM Armed Forces Identity Card	☐	☐
		Police Warrant Card	☐	☐
		Residence permit (issued by the Home Office to EEA nationals on sight of own country passport)	☐	☐
		National identity card bearing a photograph of the applicant	☐	☐
		ID Card Carrying 'PASS' accreditation logo	☐	☐
	Vouch	Patient known to Practice / Staff member	☐	☐
		Information Confirmation	☐	☐

SECTION B – PATIENT'S REPRESENTATIVE
FOR DONATING PROXY ACCESS
Section A must also be completed

Patients 16 years and older may also allow (one or more) relatives, carers, or other representatives (18 years and older) to act on their behalf by completing section B.

I,…….. ('The Patient' as named in section A), give permission to Sidcup Medical Centre to give …….. ('The / My Representative') proxy access to the online services as indicated below;

Please allow my representative to have access to the following online services on my behalf;

1	View past and Future Appointments		☐
2	Request repeat prescriptions		☐
3	Demographic Information (View and Update Contact Details held by the practice)		☐
	Access to medical records; (please tick all that apply)		
4a	Core Summary Care Record (View Medication and Allergy records)		☐
4b	Detailed Coded Records	From Date Of Online Services Registration	Including Freetext
	Laboratory / Imaging Test Results	☐	☐
	Documents	☐	☐
	Immunisations	☐	☐
	Problems	☐	☐
	Consultations	☐	☐
	OR:		
X	**No Care Record Access**		☐

I reserve the right to reverse any decision I make in granting proxy access at any time. I understand the risks of allowing someone else to have access to my health records and have read and understand the information leaflet provided by the practice.

Patients Signature	Date

The Representative

Surname		Date of Birth	
First name		NHS Number	
Address			
Postcode			
Representatives Email **(unique, must not be shared by any other user)**			
Telephone		Mobile	

1	I have read and understood the information leaflet provided by the practice and agree that I will treat the patients information as confidential	☐
2	I will be responsible for the security of the information that I see or download	☐
3	If I suspect that my account has been accessed by someone without my / the patients agreement, I will contact the practice as soon as possible	☐
4	If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	☐
5	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	☐

Representatives Signature	Date

For practice use only

Please add "Proxy has online access to patient record" (EMISNQPR487, Snomed: 1980711000006103) into patient notes, recording level of access provided to Patient's Representative.

SECTION C – REQUESTING PROXY ACCESS FOR CHILDREN

Section A must also be completed

Parents / Guardians may request proxy access to their Childs medical records if the child is **10 years old, or younger**.
Patients aged 11-15 cannot have a representative with proxy access in line with the Royal College of General Practitioners Guidance.[1]
Please discuss with the practice if you believe there are exceptional circumstances that would require you to retain proxy access after your child's 11th birthday.

I,…….. ('The Patient' as named in section A), request Sidcup Medical Centre to give me proxy access to my dependants online services as indicated below;

Dependant 1

Surname		Date of Birth	
First name		NHS Number	

Dependant 2

Surname		Date of Birth	
First name		NHS Number	

Dependant 3

Surname		Date of Birth	
First name		NHS Number	

Dependant 4

Surname		Date of Birth	
First name		NHS Number	

1	I am the Parent / Guardian of the above named 'Dependant(s)'	☐
2	The above named 'Dependant(s)' are under 11 years of age	☐
3	I have read and understood the information leaflet provided by the practice and agree that I will treat the patients information as confidential	☐
4	I will be responsible for the security of the information that I see or download	☐
5	If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
6	If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	☐
7	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	☐
8	I am aware that my proxy access to my dependants records will be rescinded upon, or shortly before my dependants 11th Birthday.	

Representatives Signature	Date

For practice use only

Please add "Proxy has online access to patient record" (EMISNQPR487, Snomed: 1980711000006103) into dependants notes.

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[1] *"Up until a child's 11th birthday, the parents of the child will usually control access to their child's record and online services. Access to the detailed care record should be switched off automatically when the child reaches the age of 11. This avoids the possibility of:*

1. *Sudden withdrawal of proxy access by the practice alerting the parents to the possibility that the child or young person has been to the practice about something that they wish to remain private, an example may be family planning advice, or*
2. *The young person being deterred from coming to the practice for help*."

https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/AB9C8ED1A836432FA5A0FC5E892F3F85.ashx