

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 | | <input type="checkbox"/> |
| 2 | Request repeat prescriptions | | <input type="checkbox"/> |
| 3 | Demographic Information (View and Update Contact Details held by the practice) | | <input type="checkbox"/> |
| Access to medical records; (please tick all that apply) | | | |
| 4a | Core Summary Care Record (View Medication and Allergy records) | | <input type="checkbox"/> |
| 4b | Detailed Coded Records | From Date Of Online Services Registration | Including Freetext |
| | Laboratory / Imaging Test Results | <input type="checkbox"/> | <input type="checkbox"/> |
| | Documents | <input type="checkbox"/> | <input type="checkbox"/> |
| | Immunisations | <input type="checkbox"/> | <input type="checkbox"/> |
| | Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consultations | <input type="checkbox"/> | <input type="checkbox"/> |
| OR: | | | |
| X | No Care Record Access | | <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 complete an ' Individual's Rights ' form (also available at reception) and 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 |
|-----------|------|

For practice use only

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

**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.

Please note: NHS App currently only supports proxy access if the patient and their representative are registered at the same surgery.

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

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 <small>(unique, must not be shared by any other user)</small> | |
| 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 | <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 suspect that my account has been accessed by someone without my / the patients agreement, I will contact the practice as soon as possible | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

| | |
|---------------------------|------|
| Representatives Signature | Date |
|---------------------------|------|

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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)' | <input type="checkbox"/> |
| 2 | The above named 'Dependant(s)' are under 11 years of age | <input type="checkbox"/> |
| 3 | I have read and understood the information leaflet provided by the practice and agree that I will treat the patients information as confidential | <input type="checkbox"/> |
| 4 | I will be responsible for the security of the information that I see or download | <input type="checkbox"/> |
| 5 | 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"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 8 | I am aware that my proxy access to my dependants records will be rescinded upon, or shortly before my dependants 11 th Birthday. | |
| Representatives Signature | | Date |

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

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."

IDENTIFICATION IF UNABLE TO ATTEND SIDCUP MEDICAL CENTRE

We only require photocopies of identification documents:

- One form of photo personal ID

AND

- One proof of current home address

Acceptable Photo Personal Identity Documents:

- Current UK (Channel Islands, Isle of Man or Irish) passport or EU/other nationalities passports
- Passports of non-EU nationals, a visa or a UK residence permit showing the immigration status of the holder in the UK
- Current UK (or EU/other nationalities) Photo-card Driving Licence (providing that the person checking is confident that non-UK Photo-card Driving Licences are genuine)
- A national ID card and/or other valid documentation relating to immigration status and permission to work

To confirm address, the following documents are acceptable:

- Recent utility bill or a certificate from a supplier of utilities (Telephone (landline phone), Water, Electricity or Gas) confirming the arrangement to pay for the services on pre-payment terms (note: mobile telephone bills will not be accepted). Utility bills in joint names are permissible.
- Local authority council tax bill for the current council tax year
- Current Full UK photo card driving licence (if not already presented as a personal ID document)
- Bank, building society or credit union statement or passbook containing current address
- Most recent mortgage statement from a recognised lender *
- Current local Council tenancy agreement
- Current Private tenancy agreement
- Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit
- Confirmation from an electoral register search that a person of that name lives at the claimed address *
- Court Order *
- Parental Court Order *
- HMRC self-assessment letters or tax demands dated within the current financial year

* The date on these documents must be within the last 6 months (unless there is a good reason for it not to be e.g. clear evidence that the person was not living in the UK for 6 months or more) and they must contain the name and address of the applicant.

Documents we will not accept include, but are not limited to:

- Provisional driving license
- Mobile phone bills
- Credit or store card statements

Please also note that this is not an exhaustive list and all cases are considered on a case by case basis therefore, it is important that you provide supporting information/documentation (if you are able) to support your application and reasons why you are unable to provide the standard identity documents. This will also allow us to process your application effectively and avoid any delays.