

Partners

Dr Sid Deshmukh
Dr Sunil Roy
Dr Ebenezer Timeyin
Dr Shraddha Karkare
Dr Sonia Khanna
Dr Bishakha Chowdhury

Sessional GPs

Dr Ravi Muthukaluvan
Dr Sugandhi Ramu
Dr Hedwig Hanson
Dr Matthew Corbett
Dr Safira Tazeen
Dr Rashmikant Dave

Nurse Practitioners

Linda Wilson
Jillian Kemp
Margaret Gill
Sharon Ciel

Main Surgery

2 Church Avenue,
Sidcup, Kent, DA14 6BU
Tel: 020 8302 1114
sidcupmedical@nhs.net

Branch Surgery
231 Burnt Oak Lane,
Sidcup, Kent, DA15 9BQ

Branch Surgery
63 Thanet Road
Bexley, Kent, DA5 1AP

Branch Surgery
19 Crook Log
Bexleyheath, Kent, DA6 8DZ

About GP Online Services

www.nhs.uk/nhsapp

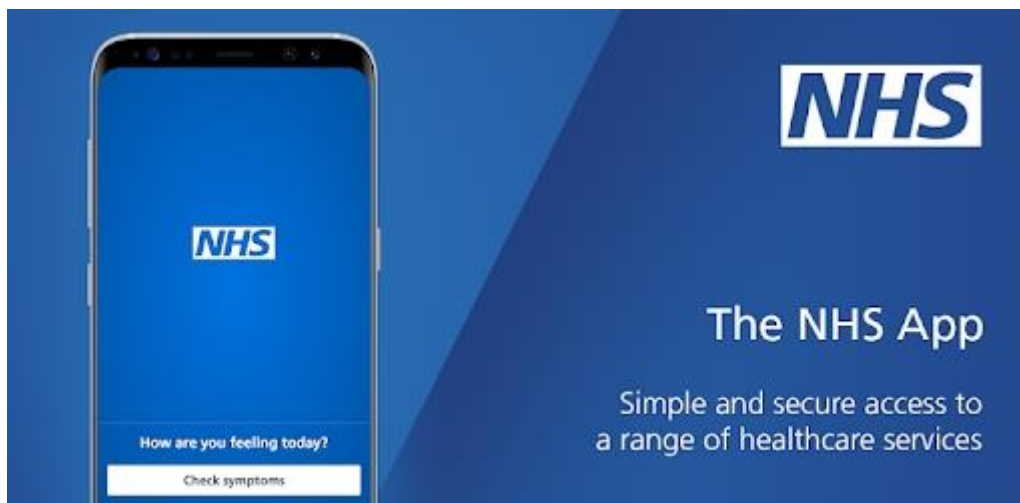
Try the NHS App

If you're a patient at our practice you can now use the new [NHS App](#), a simple and secure way to access a range of NHS services on your smartphone or tablet.

You can use the [NHS App](#) to check your symptoms and get instant advice, order repeat prescriptions, view your GP medical record, and more.

If you already use Patient Access you can continue to use it. You can use the [NHS App](#) as well.

For more information go to www.nhs.uk/nhsapp



Owned and run by the NHS, the [NHS App](#) is available for [Android](#) and [iPhone](#).

You can also access [NHS App services](#) from the browser on your desktop or laptop computer.



You can register, verify your Identity, and access your medical records all within the app.



We also offer Online Services at [Patient Access](#) for our patients so you can order your repeat prescriptions online at your convenience.

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a 'full' account, or link an existing 'basic' account to your medical record.

In the meantime you can register for a basic account at www.patientaccess.com (other online services providers are available).

If prompted for a Surgery Address please register with;

Sidcup Medical Centre, 2 Church Avenue, Sidcup, Kent, DA14 6BU

as all our sites are listed under this as one organisation*.

*In a small number of cases you may need to select the option 'Not in England' to progress past this step.

The advantages of online services include;

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

Access to your GP record online

Take greater control of your health and wellbeing by being able to view your medication history, allergies and adverse reactions online.

Practice Statement

Your medical information is personal and should not be shared. Each patient is responsible for the security of their own information they see or download. If you choose to share your information with anyone else, this is at your own risk.

Sidcup Medical Centre - GP Online Services Patient Registration Form

SECTION A – REQUESTING SELF-ACCESS

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, for example a Drivers Licence or Passport.** Once you've registered the practice will give you the information that will enable you to link an Online Services Account (from various providers) to your medical records.

The Patient

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 my medical record; (please tick one only)	
4a	No Care Records Access	<input type="checkbox"/>
4b	Core Summary Care Record (View Medication and Allergy records)	<input type="checkbox"/>
4c	Detailed Coded Records (View Medications, Allergies, Immunisations and 'Problems' recorded)	<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
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For practice use only

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

SECTION B – DONATING PROXY ACCESS

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;

I wish for 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 my medical record; (please tick one only)		
4a	No Care Records Access	<input type="checkbox"/>
4b	Core Summary Care Record (View Medication and Allergy records)	<input type="checkbox"/>
4c	Detailed Coded Records (View Medications, Allergies, Immunisations and 'Problems' recorded)	<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
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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	
I am a Sidcup Medical Centre Patient	Yes	<input type="checkbox"/> No <input type="checkbox"/>
I already have my own Online Services Account	Yes	<input type="checkbox"/> No <input type="checkbox"/>

If you have answered 'no' to either of the above questions please also attend reception in person, along with a valid form of photo ID, for example a Drivers Licence or Passport.

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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For practice use only

Patient Identity verified by;	Date		Patient	Representative	
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"/>

Please add "Proxy has online access to patient record" (EMISNQPR487, Snomed: 198071100006103) into patient notes.

SECTION C – REQUESTING PROXY ACCESS FOR CHILDREN

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	<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

For practice use only

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

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."