

Westcourt Medical Centre

Patient Registration Form - SystemOnline Services

Patient's Details <i>(please print clearly)</i>	
Surname	
First Name	
Date of Birth	
NHS Number (if known)	
Full Address (inc. postcode)	
Email Address	
Mobile Number	
I would like to register for online appointments and repeat prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to access my Summary Care Record online	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to access my Detailed Coded Record online	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that I give permission for the Practice to register me for online services as shown above.	
Signature	
Date	

Westcourt Medical Centre

Consent for Online Access to Medical Records

You can now view your GP medical record online.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up the and operate the service.

The following form will take you through the things you need to think about. By signing the attached consent form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Declaration (please delete response as appropriate):

1. I agree to my GP practice giving me access to my record online.	YES / NO
2. I have read and understood the information about access to GP medical records.	YES / NO
3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
4. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES / NO
5. I agree that it is my responsibility to keep my username and password secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.	YES / NO
6. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES / NO
7. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. <i>Please note, this does not affect your rights of Subject Access under the Data Protection Act.</i>	YES / NO

Other considerations

<i>The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.</i>	
8. If I notice any inaccuracies with my record, I will inform a senior member of staff as soon as possible of any errors or omissions.	YES/NO
9. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	YES / NO
10. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may, in the future, see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES / NO

Please remember to keep all your account details secure. If you think your account details may have been shared you should reset them straight away. If you have any queries or concerns about the service or wish to withdraw from the service please ask to speak with the Reception Team Lead.

For practice use only:

List ID Checked	Whom by	Date
Method of Verification		
Photo ID and proof of residence <input type="checkbox"/>	Vouching <input type="checkbox"/>	Vouching with information in record
Authorised by GP		Date
Patient Access Activated by		Date
Level of Record Access Granted		Notes



Telephone: 01903 777000

Fax: 01903 369181

www.westcourt.surgery

ACCEPTABLE BEHAVIOUR CONTRACT

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. An acceptable behaviour contract is an individual written agreement between a patient and their GP practice.

The contract is between (Please insert name).....NHS Numberand Westcourt Medical Centre, and is valid from the date shown in the signature table below.

Westcourt Medical Centre will ensure you are dealt with quickly, fairly and in a courteous and helpful manner.

Westcourt Medical Centre will ensure that staff take responsibility for resolving or dealing with your query or that they refer it to an appropriate colleague.

The Conditions:

(Please insert name).....agrees to the following:

1. To refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect; in person, on the phone, in writing or on social media.
2. To cancel any appointments they are unable to attend with as much notice as possible.
3. To Westcourt Medical Centre’s DNA (Did Not Attend) policy - if they miss three appointments without notifying the surgery, they may be removed from the practice list and will have to register with a different practice.
4. To adhere to Westcourt Medical Centre’s repeat prescription policy and agree to allow 3 working days before collecting repeat prescriptions.

Breach of this Contract:

If (Please insert name)..... fails to adhere to the above conditions, they may be removed from the practice list. This contract serves as an initial warning in the event of breaches occurring.

Declaration:

I confirm that I understand the meaning of this contract and that the consequences of breaking the conditions of the contract.

Signature	
Patient’s Name	
Date	