

YORK ROAD GROUP PRACTICE

YORK ROAD ▪ ELLESMERE PORT ▪ CHESHIRE ▪ CH65 0DB

Telephone No: 0151 355 2112

Website: www.yorkroadgrouppractice.co.uk | Facebook: York Road Group Practice

Instagram: @yorkroadgrouppractice

Registration form for access to your medical records online

This questionnaire goes through the main issues you need to understand before you can access your medical records over the internet. It will raise questions that you may not have considered to help you to decide whether or not to access your record in this way.

To confirm your registration, you need to provide a form of photographic identification. Unless you are completing this form on behalf of someone else, both individuals will need to provide photographic identification.

Please answer all the questions below:

1.	Patient Name	
2.	Patient date of birth	
3.	Email Address	
4.	Home Number	
5.	Mobile Number	
6.	Are you completing this questionnaire for yourself?	YES/NO
6b.	If you answered NO, please complete the following information for proxy access to the advice patient's medical records. Please be aware you will need your own online access account.	FULL NAME: ADDRESS: CONTACT NUMBER: RELATIONSHIP TO PATIENT:
6c.	Has the patient signed a third-party consent form	YES If NO, please ask reception for one.
7.	Are you registered for Patient Access allowing you to order repeat prescriptions, book appointments etc.	YES/NO
8.	Are you happy to use a username and password to access your records? You should not share this security information. Do you agree not share this information?	YES/NO YES/NO

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8b.	If you answered NO to either question in 8, then please give your reason.	
9.	After attending appointments, you can check the consultation/information has been recorded and what was discussed. Would you find this helpful?	YES/NO
9b.	If you answered NO to either question in 8, then please give your reason.	
10.	<p>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 hospital letter before your GP has had chance to your doctor has had a chance to action. What would you do if this happens and you cannot speak to your GP practice immediately. Tick any that you feel apply:</p> <ul style="list-style-type: none">• Arrange an appointment to speak to a clinician at the earliest convenience• Look at the recommended self-care websites: https://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• Contact the Out of Hours GP services: 01244 385 300• Go to A&E for further help/advice	
11.	Blood test results – if you are viewing results and see they are normal you can continue as before. If the results are abnormal and require action, we will be in contact with you to make an appointment. Do you accept this agreement.	YES/NO

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12.	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
13.	Would it upset you if you read something somebody else had said about you with regards to your health? Information like this is usually given by someone you know well and done in your best interest. It is called third party information and your record will stat who provided this and what they said.	YES/NO
14a.	Please tick the appropriate access you would like to be able to view on your medical records online.	Repeat Prescriptions <input type="checkbox"/> Allergies <input type="checkbox"/> Laboratory Test Results <input type="checkbox"/> Documents <input type="checkbox"/> Immunisations <input type="checkbox"/> Problems <input type="checkbox"/> Consultations <input type="checkbox"/>
14b.	Would you like to access your full medical history or from the date you signed up?	Full medical history <input type="checkbox"/> Or From Todays Date <input type="checkbox"/>
15.	Do you feel that you now have a better understanding of Medical Records Access?	YES/NO

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I consent to York Road Group Practice giving me access to my medical records via patient access electronic records viewer and agree with each of the following statements:

1.	I have read and understood this questionnaire 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.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	<input type="checkbox"/>
5.	If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible.	<input type="checkbox"/>

Signature of Patient:

Signature of representative if wanting a proxy account:

.....

Date:.....

Please return this form to reception, where you will receive a text message once it has been completed with your credentials.

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For practice use only

ID of parent/Guardian verified	Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier who saw ID	Date
Name of person who authorised the account (if applicable)			Date

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