

YOUNG PERSONS (AGED 12 – 16 YEARS) APPLICATION FORM AND CONSENT FOR ONLINE SERVICES

SECTION 1

SURNAME:	DATE OF BIRTH:
FIRST NAME:	
ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE NUMBER;	MOBILE NO:

Things to consider before you apply for online access to your Medical Record

- **Forgotten history** – there may be somethings you have forgotten about in your record that you may find upsetting.
- **Abnormal results** – if your GP has given you access to test results you may see something that you find upsetting. This may occur before you have spoken to you doctor or while the surgery is closed.
- **Choosing to share your information** – It is up to you whether you share your information with others- it is your responsibility to keep your information safe and secure.
- **Misunderstood information** – your medical record is designed to be used by clinical professionals to ensure you receive the best possible care. Some information within your medical record may be highly technical, written by Consultants and not easily understood.
- **If you spot something about someone else** - in your medical record that is not about you, please contact the surgery as soon as possible.
- **Children** – up to the age of 12 a Childs medical record can be accessed online by a parent or guardian. On the 12 birthday access will be shut down. A child aged 12 to 16 will need to request online services by completing this form. **Please Note: It is a GP decision whether or not access is given.**

SECTION 2

I WISH TO HAVE ACCESS TO THE FOLLOWING ON LINE SERVICES

Appointment Booking	
Requesting Repeat Prescriptions	

SECTION 3

I WISH TO ACCESS MY MEDICAL RECORD ONLINE AND UNDERSTAND THE FOLLOWING AND AGREE WITH EACH STATEMENT.

Accessing my medical record	
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Please note – it is practice policy that medical record consultations will be made available from 1st April 2016 only. It is a GP decision whether or not access is gained.

I will be responsible for the security of the information that I see	
If I choose to share my information with anyone this is at my own risk	
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone else without my agreement	
If I see any information in my record that is not about me or is inaccurate I will contact the practice as soon as possible	
I understand and have read THINGS TO CONSIDER provided by the practice	

Please note – the practice is only responsible for the data entered since you registered with us. . It is still your right under the General Data Protection Regulation (GDPR) to request any factual amendment.

SECTION 4

ABOUT YOU

I am aged 12-16 years and I am requesting online access to my records and have read the information given.	
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Signature:	Date:
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FOR PRACTICE USE ONLY

IDENTITY VERIFIED BY	DATE	METHOD: Photo ID and proof of residence: Vouching
Date registered with practice:		
Date prescription and appointment access issued (7 days after registration):		
Date full record received and notes summarised (required before full access is issued):		
Authorised by GP(only required for full access):		Date:
Date full access issued and password sent:		