# Heaton Mersey Medical Practice

# Patient Online Services Information Leaflet & Registration Form

In addition to telephoning or visiting the practice, we have a range of online services to help improve access, which are available for you to:

* Book your next GP appointment online
* Request repeat prescriptions for any medication you regularly take
* View your medical record

**How do I get started?** First of all, you must complete the registration / consent form (see overleaf), which you need to return to the practice in person along **with two forms of identification**.

One form of identification must be **photographic: such as passport or driving licence, etc**. The second form of identification must be **non-photographic such as a utility bill or bank statement, etc**. We will be unable to process the request, without the correct forms of identification.

**How long does it take to receive my login details?** It will take us between 5 - 10 working days to process your request. We will then send you your user details to register online by email.

**How do I register?** You will need to go to www.heatonmerseymedicalpractice.co.uk, click on ‘Patient Access’ towards the bottom of the home page and then click on ‘Register’. Enter your personal user details in exactly the same format as on they appear on the form we send you otherwise your registration will not be accepted.

**Viewing your medical records online**

To empower and involve you in managing your own health, you can access the following sections of your medical record:

* Summary
* Test results
* Medications
* Immunisations
* Allergies

Not only does this save time and money (currently requesting copies of your records incurs a fee, online access is free!), but it also means you can access your records from anywhere in the world. For example, if you are taken ill whilst in another country you could allow a doctor to see your medical history by logging in online.

**Things to consider before requesting to view your records online**

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| --- |
| **Forgotten history**  There may be something you have forgotten about in your record that you might find upsetting. |
| **Abnormal results or bad news**  If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed. |
| **Choosing to share your information with someone**  It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure. |
| **Coercion**  If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time. |
| **Misunderstood information**  Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. |
| **Information about someone else**  If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |
| **Keeping your information safe and secure**  It is **your responsibility** to keep your login details and password safe and secure. If you know or suspect your record has been inappropriately accessed, you should change your password and contact the practice. We would recommend you do not print anything from your record unless you are sure you can keep printed copies safe. |

**All data is protected using the highest standard internet security.**

|  |  |
| --- | --- |
| Patient Emis No |  |

Please note this process may take up to 6 weeks following  
your registration at the practice

**Registration to GP online services**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address (Incl. Postcode) |  | | |
| \*Email address**††** |  | | |
| \*Mobile number |  | Telephone number |  |

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| --- |
| ††*We will send your registration ID to the email address provided above and add it to your medical record.* |
| \**By providing your mobile number and/or your email address you are consenting to receiving electronic communications regarding your personal health care from us, which may be deemed confidential.* |

## I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record | 🞏 |

If I choose to access my medical record online I understand and agree with each statement below:

|  |
| --- |
| 1. I have read and understood the information leaflet provided by the practice |
| 1. I will be responsible for the security of the information that I see or download |
| 1. If I choose to share my information with anyone else, this is at my own risk |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |
| 1. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible |

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

### For practice use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Photo. ID | | Non-Photo. ID | Verifier: | Date: |
| Driving Licence 🞏  Passport 🞏  Bus Pass 🞏  Other (specify below) 🞏 | | Utility Bill 🞏  Bank Statement 🞏  Other (specify below) 🞏 |  |  |
| Name of person who authorised: | | | | Date: | |
|  | | | |  | |
| Date account created: | |  | | | |