**GP ONLINE SERVICES (GPOS) REGISTRATION FORM**

*Bedworth Health Centre Surgery*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST NAME** |  | | **SURNAME** | |  |
| **DATE OF BIRTH** |  | **E-MAIL ADDRESS** | |  | |

**PLEASE READ THE BELOW CAREFULLY TO ENSURE THE FORM IS CORRECTLY COMPLETED – INCORRECTLY COMPLETED FORMS WILL DELAY THE REGISTRATION PROCESS.**

* *Are you the patient?* **If YES, go to ‘**1.**’ below. If NO, go to ‘**2.**’ below.**

1. *Does the email address specified belong to you?* **If YES please see overleaf. If NO, please see ‘PROXY ACCESS:’ below.**
2. *Is the patient aged under 11?* **If YES, please see ‘UNDER 11:’ below. If NO, go to ‘**3.**’ below.**
3. *Is the patient aged between 11 AND 12y 364d?*

* **If YES, patients aged between 11 and 12y 364d need to be assessed by a GP as to whether they understand the implications to consenting to someone else operating a GPOS account on their behalf. Please speak to a Receptionist for further information.**
* **If NO, patients aged 13 and over are considered to have capacity to operate their own GPOS account or to consent to someone else operating it on their behalf; please ask the patient to complete this form. If you have reason to believe that this would not be possible, please speak to a Receptionist for further information.**

**UNDER 11:** Those with parental responsibility / legal guardianship / foster care of patients **under** 11 are able to register for and operate a GPOS account on that patient’s behalf (known as ‘Proxy access’). Once the patient turns 11, access will be withdrawn, please see question ‘2.’ above. **Please now read the ‘PROXY ACCESS:’ section below.**

**PROXY ACCESS:** Proxy access allows someone to operate a GPOS account on another patient’s behalf:

* **If you are the patient and are giving someone proxy access:** please provide the details of the person who will be the proxy in the below box (*e.g. Donald Duck is the patient and he wishes to give Mickey Mouse proxy access – please provide Mickey Mouse’s details*) AND read the statement underneath the below box and complete the declaration at the bottom of the page
* **If you are applying for proxy access on someone else’s behalf**: please provide your details in the below box and then see overleaf.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENDER** |  | **FULL NAME** |  | **D.O.B.** |  |

*For the purposes of, and to protect confidentiality, patients who wish to have an account, but to use an e-mail address belonging to another person, must present this form to a member of staff in person having signed the below declaration.* *For patients over 13, ID will be required from both the patient and the person who proxy access is being given to.*

***Please note: all GPOS related correspondence, including appointment reminders, will be sent to the given e-mail address and will be accessible to anyone with access to this e-mail address.***

|  |  |
| --- | --- |
| I wish for the above e-mail address, which belongs to INSERT NAME , to be used to operate my account. I understand that any e-mail correspondence for my account will be sent to this e-mail address and may be accessed by anyone using this e-mail account. | |
| **SIGNATURE** |  |

**IT IS YOUR RESPONSIBILITY TO INFORM THE PRACTICE IF YOU WISH TO REVOKE PROXY ACCESS.**

*PLEASE NOW SEE OVERLEAF*

**ACCESS LEVELS**

There are various different things that you can do online as follows:

1. Manage Appointments: Book, check, change and cancel routine Appointments with Doctors and Nurses.
2. Prescriptions: Order routine Repeat Prescriptions.

You can access parts of your GP Medical Records, giving you more involvement in your health and wellbeing.

1. Medical Summary: To view medication history, allergies and previous adverse reactions to medications.
2. Detailed Coded Record (DCR): This provides more detailed, coded information such as test results, immunisations, problems etc.. **If you would like access, please ask for a DCR access form.**

**Please tick the access you require (if nothing is ticked, we will consent you to all of the below)**

|  |  |
| --- | --- |
| **APPOINTMENTS** | □ |
| **PRESCRIPTIONS** | □ |
| **MEDICAL SUMMARY** | □ |

**Please sign below to confirm all of the details you have specified in this form are accurate and true.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | **PLEASE SIGN HERE** | **DATE** | **XX / XX / XXXX** |

*For access to GPOS, we ask that, following NHS Digital guidelines, patients provide the following:*

* *One form of official photographic ID (one of Passport (exc. Syrian) / UK Driving License / European Driving License (full) / European national ID card (exc. Italian / Greek ID card) / UK residence card / Biometric residence permit (BRP))*
* *One proof of address (e.g. Bank statement / UK Driving License / European Driving License (full))*
* *For access requested on behalf of patients* ***under 11****, the applicant will also need to provide the patients birth certificate / evidence of adoption / Special Guardianship Order (SGO) / evidence of a full or interim care order (FCO / ICO).*

*If you are unable to provide any of the above, please speak to a member of Reception staff.*

\*For the purposes of the above, a Driving License can be used as a photo ID OR proof of address NOT BOTH.

**FOR PRACTICE USE ONLY (PLEASE TICK, INITIAL AND DATE WHEN COMPLETED)**

|  |  |  |  |
| --- | --- | --- | --- |
| *TASK* | *TICK* | *INITIAL* | *DATE* |
| **PHOTO ID SEEN – SPECIFY ID SEEN HERE** |  |  |  |
| **PROOF OF ADDRESS SEEN – SPECIFY POA SEEN HERE** |  |  |  |
| **BOTH PARTS (IF APPLICABLE) OF FORM SIGNED** |  |  |  |
| **E-MAIL ENTERED AND VERIFIED** |  |  |  |
| **ID DOCUMENTS ENTERED** |  |  |  |
| **REGISTRATION LETTER E-MAILED / PRINTED** |  |  |  |
| **PROXY ACCESS (IF APPLICABLE) – FORM SCANNED** |  |  |  |
| **PROXY ACCESS (IF APPLICABLE) - LEGAL BASIS ADDED** |  |  |  |