

Welton Family Health Centre

ONLINE ACCESS REGISTRATION REQUEST FORM

Welton Family Health Centre is pleased to offer online access to specified online services for registered patients aged 16 and over:-

- Booking Appointments & Cancelling Appointments
- Viewing Past & Future Appointments
- Repeat Prescription Ordering
- Summary Record Access
- Detailed Record Access (only medications, allergies & vaccinations will be shown before 1st April 2015)
- Changing Contact Details
- Grant Additional Access to Online Account
- Ask a Question

In order to register, patients will need to:

1. Complete the form details below and sign the form, then bring it to the Practice, along with valid photo-ID i.e. new style driving licence or passport. This is so that we ensure that we are giving access to the correct person.
2. The Practice will process the request form and provide the patient with a username and password.
3. The patient will need to wait an hour before trying to log into the system from a link on the Practice website:
www.weltonsurgey.co.uk

Name of Patient:	Date of Birth:
Address:	NHS No:

Online access acceptable use policy

Patients may only book **one appointment online at any one time** (i.e. they may only book a further appointment online once they have attended the initial online booked appointment). This is to ensure that there is a supply of appointments online available for as many patients to book as possible. Patients must **cancel unwanted appointments at least 2 hours in advance** so that these appointments can be offered to other patients. As part of our monitoring of the service, we will be alert to any attempt to abuse the service e.g. patients booking large numbers of or frequent appointments. Patients found to be abusing the service will be withdrawn from online services and, subsequently, will no longer have the ability to view or book appointments online.

Third party access to online appointment booking system

If a patient wishes a relative / third party / carer to have access to their online account, they will be able to configure this from within their own user account. All patients should be aware that details of their booked appointments will be viewable by anyone who has access to their registration details.

I confirm that I would like to have access to the Online Access services listed above and I understand and agree to comply with the acceptable use policy. I am over 16 years' of age and registered at Welton Family Health Centre.

Full Name:

Signature:

Date:

For official use:

Photo ID Checked by		Signature	
Online Access Configured		Date	
Patient given Login details		Comments	

WELTON FAMILY HEALTH CENTRE

Name of Patient:	Date of Birth:
Address:	NHS No:
Mobile Phone No:	Email:

Text Messaging Consent

I would like to receive text messages to the above mobile telephone number from Welton Family Health Centre and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days' notice in writing, quoting the above mobile number. I will advise the practice if I change my mobile number and understand that a new consent form may be required.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise Welton Family Health Centre to stop sending texts to the telephone number listed.

Full Name:

Signature: Date:

Email Consent

I would like to receive email messages to the above email address from Welton Family Health Centre and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, details of test results, or a reminder alert.

Should I wish to withdraw consent, I accept that I must give at least 5 working days' notice in writing, quoting the above email address. I will advise the practice if I change my email address and understand that a new consent form may be required.

I am aware that the email is not a secure method of communication and as such full security is not guaranteed.

I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise Welton Family Health Centre to stop sending emails to the telephone number listed.

Full Name:

Signature: Date:

**ONE FORM PER PATIENT
CONSENT MUST BE SIGNED BY ACTUAL PATIENT**

Text messaging and email reminders will not be used for any patient under the age of 16