**Photo consent**

Your doctor may determine that it is sometimes necessary or helpful to obtain a photograph/ recording of your condition to assist with treatment. This will form part of your medical record and will be held and used strictly in accordance with your wishes which can be defined below. Photographs will only be used with your consent, which can be refused or limited by you and you can also withdraw this or change it in the future. Please sign this form if you are happy you understand all of the above aspects.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I consent to photographs being placed on or taken for my medical records |  |  |
| I consent to the photographs being made available to other clinicians involved in my treatment |  |  |

Signature:

Date:

Signature (Parent/ Guardian/ Carer)

on behalf of patient

**BLAKENEY SURGERY**

****

**CONSENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YOUR DETAILS** | | | | |
| Full Name |  | | Date of Birth |  |
| Title |  | | Place of Birth |  |
| Previous surname(s) include dates changed |  | | NHS Number  (if known) |  |
| **Home Address** | | | | |
|  | | | | |
| **Home Telephone no:** | |  | | |
| **Mobile Telephone no:** | |  | | |
| **Email address:** | |  | | |
| (Email is essential for online appointments and prescriptions.  Please PRINT) | | | | |

**Patient consent for email and test message communication**

The Practice may wish to expand its methods of communicating with patients to include the use of email and text messaging.

Patient privacy is important to us, and Blakeney Surgery may like to communicate with you in the future regarding any activities that may be of interest which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of the text messaging to send patient reminders about the details of their next appointment.

**Please note that appointment reminders are an additional service and that they may not be sent on all occasions but the responsibility for attending appointments or cancelling them still rests with you.**

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Emails and text messages are generated using a secure facility , but because they are transmitted over a public network they may not be secure. Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice and you can choose to opt out of the services at any time by contacting reception.

Please complete this form and hand it in at the practice reception if you consent to any or all, of the above.

Please confirm your consent to one (or more) of the following;

|  |  |
| --- | --- |
| Appointment reminders/ cancellations |  |
| Important updates about regarding services available to you. |  |
| I **do not** give consent to any of the above |  |

Please confirm if you give consent to any of the options below (please tick)

|  |  |
| --- | --- |
| Email |  |
| Text messages |  |
| I **do not** consent to any of the above |  |

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Date of birth |  |  |
| Signature |  |  |
| Date |  |  |

You can grant consent to all the purposes of use, one of them or none of them.

**Confidentiality**

In order that we maintain confidentiality, we are only able to discuss details of a patient’s medical record and care with a patient themselves, registered carers or parents/ guardians of patients under 16 years of age \* within reason at a Doctor’s discretion.

Where a Doctor perceives a patient under 16 is mature enough and able to understand advice sought and given, they are under obligation to maintain confidentiality. No information can be given to any other person without a Patients written consent. It is the responsibility of patients to notify us if any details provided change with regards to consent.

**Consent for test results and medical information**

Should you wish to discuss your test results/ medical information with anyone else please list their names below.

I hereby consent for all of my test results and medical information to be given to the following person/ people.

**Patient On-Line: Records Access**

**How to apply…**

There are a number of application processes. You can choose just one, or all – depending on your needs:

1. Booking online appointments & ordering repeat prescriptions

Fill out this registration form and return it in person to reception.

Our receptionist will process your form and post it to you once a password has been generated.

You will log into

[www.patient-services.co.uk](http://www.patient-services.co.uk) and go through the registration process.

1. Access to see part of your medical record online

Fill out this registration form and return it in person to reception.

Our receptionist will process your form and post it to you once a password has been generated.

Please note that all requests to access your medical records on-line are first approved by a Doctor at the Practice.

1. Proxy access

If you want someone to have access to any of the above on your behalf (e.g. family member or carer) you will need to fill out a separate form, stating you are happy for a named person to have access.

**What can you do on-line?....**

You can now use the internet to:

* Book a selection of routine Doctor’s appointments
* Request repeat prescriptions for any medication you take regularly
* Look at parts of your medical record on-line.

You can also still use the telephone or call into the surgery for any of these services as well - it’s your choice.

**How could it help?....**

Being able to see your record online might help you to manage your medical conditions.

It also means that you can even access it from anywhere in the world should you require medical treatment on holiday.

**Application for online access to my medical record**

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

|  |  |
| --- | --- |
| **Booking appointments** |  |
| **Requesting repeat prescriptions** |  |
| **Limited access to parts of my medical record** |  |

I wish to access my medical record online and understand and agree with each statement (please tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information provided |  |
| 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 someone without my agreement has accessed my account |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. |  |
| SIGNATURE: | |
| DATE | |

Although the chances of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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. This may occur before you have spoken to your Doctor or whilst the surgery is closed and you cannot contact them.

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.

***Access to medical records is available for all patients aged 16 and over.***

**How does it work?....**

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

It will be your responsibility to keep your login details and password safe and secure.

If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

**The Practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to or physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.**

The practice policy on access to children’s records via proxy account is that we will give access to all options until the child is 11 years old and then only access to repeat medication ordering and booking appointments will be granted after this age.

**Things to consider before applying for access to medical records….**

Initially, by applying to access your medical record online, you will be able to view your summary medication, adverse reactions and allergy status. However, over time, access to other parts of the record is likely to be released.

Before you apply for online access to your medical record, there are some other things to think about: