

Carers Details

Name:

Address:

Date of Birth:

Home Phone:

Mobile Number:

DETAILS OF THE PERSON YOU LOOK AFTER

Name:

Address:

Date of Birth:

Home Phone:

Mobile Number:

Gp details if different:

Signed:..... **Date:**

Sandy Lane Surgery

Agreement by a patient to allow a carer to have access to their medical records.

Patient Name:

Patients address and postcode:

To: Sandy Lane Surgery

I give permission for my Carer,
To have access to my personal details and medical records held by the practice.

I understand that the permission will remain in force until cancelled by me in writing and that the Doctor may override this authority at any time.

Signed:

Date:

PLEASE HAND THIS FORM IN TO RECEPTION THANK YOU



What we do

We provide information, advice and a wide range of specialist support services designed to help Carers continue in their caring role for as long as they choose and reduce the impact the caring role can have on their own health and wellbeing.

We work directly with individual Carers to discuss their concerns and needs and design a tailored personalised support package.

Support available includes:

- Carers’ Assessments and reviews
- Coffee and Chat support groups in North and Central Lancashire
- Regular magazines providing information on local groups, activities, and courses
- Support for contingency and emergency planning
- A huge range of Digital resources
- Access to a CHAT line manned by empathetic and helpful people 24 hours a day, 365 days a year
- Access to our Volunteer Befriending and Sitting in Services to help you take a break from caring and provide additional company and support
- Access to other community, health, and wellbeing services
- Opportunities to volunteer, make friends and provide support for others
- Carers’ Awareness Briefings

In addition, all registered carers will be invited to join the Carers’ Community Network to share their experiences and make new friends.

I would like you to share my contact details with n-compass

Name:

Address:

Date of Birth:

Signed.....

Date.....

My GP Information Leaflet

GP Online Services allow you to access a range of services via your **mobile phone** or **tablet**.

You can still contact the practice by phone or in person.

Being able to see your record online will help you to manage your medical conditions better, whenever you need. It also means that you can access your details from anywhere in the world should you require medical treatment.

You can close your account at any time. This decision will not affect the quality of your care.

You will only be able to see appointments on the system if there are any available to book at that time.

To Register:

You must have an email address unique to you. You must complete and sign the registration form. You must have your identity verified by one of our staff.

Verifying your identity

If you are well known to the surgery we may be able to do this by "verbal verification" by asking you questions about your health record. If you are not well known to the surgery or a new patient you will need to bring in some form of photographic identification.

If you do not have identification or you cannot get to the surgery because of serious health problems talk to us - we can still help you register.

Once you have been given or emailed your registration letter you must use it to register on your devices.

You need to download the myGP APP from the app store or google play and download it to your mobile or tablet:

1. Enter your mobile number and date of birth (this must be the mobile number we have on system at the surgery)
2. Search for your GP surgery
3. Create your pin.

It will be your responsibility to keep your login details and password safe and secure. If you suspect that your record has been accessed by someone without your permission, then you should change your password immediately. If you are having any problems firstly contact the support centre within MyGP.

If you are still having problems after contacting them contact the surgery on 01772 214696 or email karen.rodgers8@nhs.net (please note that this department is not manned 24/7.)

Things to consider before you register

Forgotten history

There may be something you see in your records that you have forgotten and may upset you.

Abnormal blood results or bad news

If you have been granted 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 and you cannot contact them.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure 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. If you require further clarification please contact the surgery for a clearer explanation rather than googling!

Information about someone else

If you spot anything in your medical record that is not about you or is an error, please contact the surgery ASAP.

Printing hospital letters or other information

If you print out any information from your record, it is also your responsibility to keep this secure. If you do not have a secure place to store printed information, we would advise against printing any.

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 against your will, it is best that you do not register for access at this time.

****PLEASE NOTE: Your application may take up to a month to be processed****



Application form for online access to the practice online services

Surname:		Date of birth:	
First name:			
Address:			
Email address:			
Telephone number:		Mobile number:	
Registering for MyGP will allow you to: book appointments, request repeat prescriptions and view your medical record. You will automatically be given access to all data added to your records that is entered from the date your application is processed. If you would like access to past data please tick this box. <input type="checkbox"/>			
I wish to access my medical record online and understand and agree with each statement (tick)			
I have read and agree to the information given on the information leaflet provided.			<input type="checkbox"/>
I will be responsible for the security of the information that I see or download			<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk			<input type="checkbox"/>
If I suspect that my account has been accessed by someone without my agreement I will contact the Practice as soon as possible			<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will log out immediately and contact the practice as soon as possible			<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.			<input type="checkbox"/>
I understand that sensitive information may be redacted from my record			<input type="checkbox"/>
I understand that I will only be given access to my records which are already held by the Practice electronically and that if I would like to see my whole medical record, including paper records which would have to be scanned on, I will have to make a separate request			<input type="checkbox"/>
Signature:			Date:

For Receptionist's use only

EMIS ID number:			
Identity verified by: (Signature):		Method used	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>
Evidence provided:			Date:

For Administrator's use only

Contraindications on record:		Date:
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For Clinician's use only

Date access granted by clinician:	Granted by (signature):
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Permission for carer to register patient for MyGP

Name:

Date of birth:

Address:

Find it impossible or difficult to attend the surgery personally and hereby give permission for the following person:-

Please print name:

Relation to patient:

To submit my identification documents and register my details for MyGP.

I will take full responsibility for the secure password created to access my account.

Patient Signature:

Carers Signature:

Date: