



Dolphins Practice - Nightingale Primary Care Centre - Butlers Green Road - Haywards Heath - West Sussex - RH16 4BN
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Patient Online Access

Access to medical records online includes -

- Making appointments online
- Ordering repeat prescriptions online
- Summary Record (Medication, Allergic reaction and Sensitivities only)
- **Detailed Coded Record

**** If you are requesting access for Detailed Coded Record Access and are a new patient to the Practice this will not be granted for 3 months – due to the fact that we will not have access to your Medical Records in the Practice. If you are an existing patient this can take up to 21 working days and in some circumstances longer.**

For security reasons you will need to provide the following identification:

Passport or Photo Driving Licence

Policy for children 12 years and over

If a child is 12 years of age or over they need to register for online access themselves. Parents will **not** be able to register on their behalf. The child will need their own email address, photo ID/birth certificate and come in person to collect their login details

Children over 12 who wish to have online access will need to be seen by a doctor for them to decide if they feel the child is able to understand a consultation. An appointment will not be made just to discuss this issue.

Please note: **If you are a parent and have access to your child's online account this will automatically expire when your child turns 12 years.**

Patient Online Access: Registration form

Surname			
First name			
Date of birth and age			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Summary Record (Medication, Allergic reaction and Sensitivities only)	<input type="checkbox"/>
4. **Detailed Coded Record Access	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. 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"/>

Signature.....

Date.....

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Signature of person who verified			Date
Date account created			
Date passphrase sent			