

## 23. Existing Patients- Online Services application & Consents to additional SAMC services form

To enable access to a range of online services, e.g. request repeat prescriptions and book non-urgent appointments. You then don't need to queue at the practice or wait on the telephone, just go online at home, at work or any location with internet access.

***For Data confidentiality we are required to see ID (see list at foot of page)***

PATIENT DETAILS (please complete in BLOCK CAPITALS) must complete all marked*			
<b>Surname*</b>		<b>First name*</b>	
<b>Address*</b>		<b>Postcode*</b>	
		<b>Date of birth*</b> (dd/mm/yy)	
YOUR AUTHORISATION must complete all marked*			
<b>Signature*</b>		<b>Date (dd/mm/yy)*</b>	
* I agree to the terms & conditions below (tick here)			
if applying for someone else please enter relationship to patient			

**Terms and conditions** (by signing I confirm that):

- I will be responsible for the security of my username and passwords and the information that I see or download
- If I choose to share my information with anyone else this is at my own risk
- I will contact SAMC as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact SAMC as soon as possible
- I agree to use the system in a responsible manner
- I agree that my details may be used to contact me with information about my online account and the online services I use.
- I agree that I cannot use this service as a means of communication with SAMC for other purposes and will not use it for urgent matters

SAMC use only					
Patient NHS number					
Computer ID number		Date on system:	Date ID to patient:		
ID verified by		Date	Authorised by		Date
<b>ID presented (circle):</b> Passport/Driving licence/ Bus pass/ other state:					

**Please complete and sign the next page**

## 23.2 Consents to additional services

### A. SAMC Information updates and Newsletters by email

**Purpose:** for you to decide whether or not to receive Information updates and Newsletters from SAMC by email (these will only ever come from the medical centre and not from any third party).

### B. Telephone messages from SAMC

**Purpose:** for you to decide whether or not you wish SAMC to leave a voicemail message on your phone in the event that we need to contact you.

In accordance with the Data Protection Act 1998 we require written consent from any patient who is happy for us to leave a message on their answer phone in the event that we need to contact them. If we do not have written consent, we are unable to leave any message on any answer phone or with a third party.

The message left will not contain any medical information: *St. Andrew's medical centre called at [time/date] and please could [patient's name] call 01892 515455 and speak to [department]*

<b>A.</b>	<b>SAMC Information updates and Newsletters by email Opt-Out</b> Put an <b>X</b> in the box on the right if you <b>DO NOT WANT</b> to receive Information updates and Newsletters by email Your email address:			
<b>B.</b>	<b>Telephone messages from SAMC Opt-Out</b> Put a ✓ in the box on the right if you <b>DO WANT</b> to receive voicemail messages from SAMC			
	your home tel. number		your mobile tel. number	
	Put a ✓ in the box on the right if you <b>DO WANT</b> to give consent for SAMC to leave a message about any aspect of my medical treatment with a <b>THIRD PARTY</b> . (Any message left will not contain any medical information.			
	name of THIRD PARTY			
	their home tel. number		their mobile tel. number	

Signature*		Date*	
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