

## NORTHIAM & BROAD OAK SURGERIES

DR S PARNELL	THE SURGERY
BM BCh MA DRCOG MRCGP	MAIN STREET
DR CFA DALE	NORTHIAM
MBBS MRCGP	RYE
DR R ALBARDIAZ	EAST SUSSEX
MB BChir DRCOG FRCGP	TN31 6ND
DR A JAMES	Telephone:
BSC MBCHB DRCOG MRCGP	01797 252140 NORTHIAM
Associate GP	01424 882394 BROAD OAK
DR NL CUDLIPP MBBS MRCGP	

EMAIL: [sxicb-esx.northiamsurgery@nhs.net](mailto:sxicb-esx.northiamsurgery@nhs.net)

Dear Patient

Welcome to Northiam and Broad Oak Surgery.

Please find attached some information relating to your registration with the surgery, there are also 3 forms at the back for you to read and complete as required and return to us along with your registration form, photographic ID and proof of residency for anyone over 18 years old.

As your new medical advisers we hope that you will take advantage of an initial consultation to discuss any current problems, health promotion requirements or any other relevant concerns that you may have.

If you are on regular repeat medication or have any issues you need to discuss with your GP, then you will need a 10 minute appointment with the Practice Nurse and then 10 minutes with your GP. Otherwise, an appointment with the Practice Nurse will be all that is required. These appointments need to ideally be within the first 28 days of registration at a time convenient to you.

After making these appointments and you find you are unable to attend, please let us know in good time so that your appointments can be used for other patients.

If you have any other requirements which will aid us in providing your care, please advise a member of the surgery team.

Yours sincerely

Dr Alex Dale

Dr Sally Parnell

Dr R Albardiaz

Dr Anna James

Dr. Nicola Cudlipp

# NORTHAM & BROAD OAK SURGERIES

## Confidentiality Statement

### How do we protect your personal data?

As a practice we hold your personal information and details of any care you have received. Your data is held securely in compliance with all legislation.

Summary data, (details of medication, allergies etc.) is held centrally and available should you require treatment anywhere in the NHS. However, your detailed medical history is not shared and can only be accessed by staff within the practice.

We will not share **any** data without your consent unless there are exceptional (life or death) circumstances or where the law requires.

You have the right to see your personal information and we can provide you with access to your records. Our policies are detailed on our [website](#)

Your data does contribute to the production of overall NHS statistics but personal details that would identify you are never part of this analysis. We will also use your information in reviewing prescribed medications and in preventative screening. Below, you will find detailed the specific circumstances in which your personal data is used within the Health Service

Data Usage	Description
NHS Digital	We maintain your details on a secure computer system provided by NHS digital.
Summary Care Record	Every registered patient has a Summary Care Record held centrally where basic information (medication, allergies) is available should you require treatment anywhere in the NHS.
Routine care and referrals	We maintain personal data and medical history in order to provide for your care in the practice and the wider NHS.
Screening Programmes	You may be offered National Screening Programmes to detected disease at an early stage.
Emergencies	Occasions when an intervention is necessary in order to save or protect your life
Care Quality Commission	The CQC inspect general practices roughly once every 5 years
NHS Planning	Data is used to understand potential high-level risks to the NHS
Public Health	The practice provides a range of information from general statistics on things like smoking to details of notifiable illnesses
Payments	This practice is paid by the NHS to deliver a range of services
Research	Research organisations may ask us to identify suitable patients to seek their consent. You will never be approached directly.
Safeguarding	protecting those who are at risk, for example children or vulnerable adults

# **NORTHIAM & BROAD OAK SURGERIES**

## **Confidentiality Statement**

### **Northiam & Broad Oak Surgeries Privacy Notices**

Our practice has always provided security around your personal information and how it is used to deliver the care and services you need. All of the data we hold about you is secured in line with legislation and complies with the General Data Protection Regulations (GDPR) which came into force in May 2018.

#### **Your rights under GDPR legislation?**

Under the General Data Protection Regulations (GPDR), any organisation using your personal data must have your explicit consent. However, in the legislation GP practices have a legal basis for processing your confidential health data for the provision of your Direct Care and consent is implied by registering with the practice.

#### **Your rights to see your information**

You have a right to access your medical records and these can be accessed either directly online or in the surgery by appointment. You may give permission to third parties (for example a solicitor or insurance company) to be provided with copies of your records.

#### **Your rights as a Parent or Guardian**

In Article 8, the GDPR introduces specific protections for children by limiting their ability to consent to data processing without parental authorisation. The age of consent in the UK is 16.

#### **Need more information?**

The details of all the areas where your data is stored or could be used are listed on the previous page. Full details of these are available from reception or on our website:

<https://www.northiamandbroadoaksurgery.co.uk/practice-information/policies/>

# NORTHAM & BROAD OAK SURGERIES

## Confidentiality Statement

### The Summary Care Record - your emergency care summary

Your Summary Care Record (SCR) is an electronic record of important information and is created automatically from the systems we use in this practice. The record contains information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

You may choose to include other additional information in your SCR covering:

- Long term health conditions - asthma, diabetes, heart problems
- Any relevant medical history – clinical procedures you have had, why you need a specific medicine and the care you are currently receiving
- Personal preferences – religious beliefs or legal decisions you have made
- Immunisations – details of previous vaccinations including tetanus.

Specific sensitive information like fertility treatments, sexually transmitted infections, pregnancy terminations and gender reassignment will **not** be automatically loaded.

You can choose what information to share or choose not to have a Summary Care Record and you can change your mind **at any time** by informing your GP practice.

Any shared information can only be viewed by authorised healthcare staff and they will always ask your permission before they look at it. The information shared will solely be used for the benefit of your care. If you choose to opt-out of sharing an electronic summary then your records will stay as they are now with information being shared by letter, email or phone.

If you do nothing we will create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

The national data opt-out, introduced on 25 May 2018, enables you to opt out from the use of your data for research or planning purposes. You can view or change your national data opt-out choice at any time by using the online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or by calling 0300 3035678.

# NORTHAM & BROAD OAK SURGERIES

## Patient Information

Please complete all sections

About you	
Work telephone number:	
Mobile telephone number:	<input type="checkbox"/> preferred
Email address	<input type="checkbox"/> preferred
Are you a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to either of the above question is 'Yes', is that person a patient at the practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any needs or requirements? For example, but not restricted to: language, mobility, sight or hearing?	
Do you have a lasting Power of Attorney in place? If yes please provide details and a copy of the documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give permission for any family members or other persons to speak to the doctor on your behalf? If yes please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic group:	
<input type="checkbox"/> British or mixed British	<input type="checkbox"/> Irish
Other White background, e.g. <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Indian or British Indian	<input type="checkbox"/> Pakistani or British Pakistani
<input type="checkbox"/> Bangladeshi or British Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> African	<input type="checkbox"/> Other Asian background
<input type="checkbox"/> Other black background	<input type="checkbox"/> Other mixed background
Other Services	
Would you like online access for appointments, repeat prescriptions etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like additional information added to your summary care record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive text messages for appointment reminders and information from the GP's and the Surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ ID Provided

## **NORTHAM & BROAD OAK SURGERIES**

Patient Information

Please complete all sections

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# NORTHAM & BROAD OAK SURGERIES

## Online Services

### Application for Patient Online Services

We provide online access to our services via applications such as Patient Access or the NHS APP which allows you to order repeat medication, make appointments and view your patient record.

Please complete the form below if you would like to make use of this service. Please note this service is email specific so only one account can be held per email address.

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

I wish to access services 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is incorrect, I will contact the practice as soon as possible	<input type="checkbox"/>

I wish to have access to the following online services:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. View summary information in GP record (medications, allergies, bad reactions)	<input type="checkbox"/>

I wish to have **enhanced** access to my medical record:

1. Tests	<input type="checkbox"/>
2. Documents	<input type="checkbox"/>
3. Consultations	<input type="checkbox"/>

Signature	Date
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# NORTHAM & BROAD OAK SURGERIES

## Online Services

### For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement
- When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

Request received		Request refused	
Reviewed by GP		Request completed	
Comments			
Identification of	<input type="checkbox"/> Child (aged 13-17)	<input type="checkbox"/> Patient	<input type="checkbox"/> Applicant
Identity verified by		Date	
Identity method	<input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Vouching – by whom ..... <input type="checkbox"/> Vouching with information in record – by whom .....		
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Full Access Coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date account codes sent	
Level of access enabled	<input type="checkbox"/> All	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited
Access from date:			
Specific Areas:	<b>Results</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Documents</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Problems</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Consultations</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/>		
Notes for proxy access <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			



# NORTHAM & BROAD OAK SURGERIES

## Online Services

### Application for Enhanced Patient Online Services

If you would like enhanced access to your medical records (tests, documents and consultations) then please complete the form below.

Please complete the form below if you would like to make use of this service. Please note this service is email specific so only one account can be held per email address.

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

I wish to access services 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is incorrect, I will contact the practice as soon as possible	<input type="checkbox"/>

I wish to have access to the following online services:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. View summary information in GP record (medications, allergies, bad reactions)	<input type="checkbox"/>

I wish to have **enhanced** access to my medical record:

1. Tests	<input type="checkbox"/>
2. Documents	<input type="checkbox"/>
3. Consultations	<input type="checkbox"/>

Signature	Date
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### For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement
- When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

# NORTHAM & BROAD OAK SURGERIES

## Online Services

Request received		Request refused	
Reviewed by GP		Request completed	
Comments			
Identification of	<input type="checkbox"/> Child (aged 13-17)	<input type="checkbox"/> Patient	<input type="checkbox"/> Applicant
Identity verified by		Date	
Identity method	<input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Vouching – by whom ..... <input type="checkbox"/> Vouching with information in record – by whom .....		
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Full Access Coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date account codes sent	
Level of access enabled	<input type="checkbox"/> All	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited
Access from date:			
Specific Areas:	<b>Results</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Documents</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Problems</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Consultations</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/>		
Notes for proxy access <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			

# NORTHAM & BROAD OAK SURGERIES

## Online Services

### Application for Proxy Patient Online Services

It is possible to allow others to access your records on your behalf. This is known as **'Proxy'** access. This provides the same information and services as individual access.

- I..... (name of patient), give permission to my GP practice to give the following person/people ..... proxy access to the online services as indicated below in Section 5
- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access to my health records
- I have read and understand the information leaflet provided by the organisation

I wish my proxy to have access to the following online services:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. View summary information in GP record (medications, allergies, bad reactions)	<input type="checkbox"/>

Signature	Date
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### Details of individual acting as proxy.

Patient Surname:	Date of birth:
Patient First name:	
Patient Address:	
Postcode:	
Email address:	
Telephone number:	Mobile number:

I wish to access services online and understand and agree with each statement (tick)

If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper.

### Reason for access:

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 13 and has consented to my making this request or is incapable of understanding the request (delete as appropriate)	<input type="checkbox"/>

Signature	Date
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# NORTHAM & BROAD OAK SURGERIES

## Online Services

### For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement
- When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

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Reviewed by GP		Request completed	
Comments			
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Identity verified by		Date	
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Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Full Access Coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
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Level of access enabled	<input type="checkbox"/> All	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited
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Specific Areas:	<b>Results</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Documents</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Problems</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Consultations</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/>		
Notes for proxy access <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			

# NORTHAM & BROAD OAK SURGERIES

## Online Services

### Application for Proxy Patient Online Services – Where the patient does not have capacity

**I wish to have access to the health records of the patient below**

Patient Surname:	Date of birth:
Patient First name:	
Patient Address:	
Postcode:	
NHS Number:	

**Details of individual acting as proxy**

Patient Surname:	Date of birth:
Patient First name:	
Patient Address:	
Postcode:	
Email address:	
Telephone number:	Mobile number:

**Reason for access:**

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>
I am/We are the deceased person's personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)	<input type="checkbox"/>
I/We have written and witnessed consent from the deceased person's personal representative and attach Proof of Appointment	<input type="checkbox"/>
I/We have a claim arising from the person's death (please state details below)	<input type="checkbox"/>

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

Signature	Date
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# NORTHAM & BROAD OAK SURGERIES

## Online Services

### For office use only:

#### Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement
- When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

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Identity verified by		Date	
Identity method	<input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Vouching – by whom ..... <input type="checkbox"/> Vouching with information in record – by whom .....		
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Full Access Coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date account codes sent	
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Access from date:			
Specific Areas:	<b>Results</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Documents</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Problems</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/> <b>Consultations</b> View Lab results from: <input type="text"/> View freeform text from: <input type="text"/>		
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# NORTHAM & BROAD OAK SURGERIES

## Summary Care Record

### Summary Care Record OPT-OUT FORM

#### Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and hand it to reception.

#### A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name.....

Forename(s) .....

Address .....

Postcode ..... Phone No .....

Date of birth .....

NHS Number (if known) ..... Signature .....

B. If you are filling out this form **on behalf of another person or a child**, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient ..... Date.....

#### What does it mean if **I DO NOT** have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from any bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please ask at reception.